

VIRGINIA COMMUNITY YOUTH SURVEY: 2000

VIRGINIA PREVENTION NEEDS ASSESSMENT: ALCOHOL AND OTHER DRUGS

Submitted to:

Virginia Department of Mental Health, Mental Retardation
and Substance Abuse Services
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EXECUTIVE SUMMARY

INTRODUCTION

This report presents findings from the Virginia Community Youth Survey. The survey was conducted as part of a national effort funded by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP). The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) contracted with CSR, Incorporated of Washington, DC, to conduct the survey and report on alcohol, tobacco, and other drug (ATOD) use; risk and protective factors; and other ATOD-related behaviors among Virginia middle school and high school students. The survey was conducted in the fall of 2000.

The Virginia Community Youth Survey is one component of a family of needs assessment studies designed to enhance Virginia's capacity to develop a comprehensive prevention plan. Virginia will use the survey findings, along with findings from a community resource assessment and ATOD risk indicators, to understand and prioritize the need for programs designed to prevent ATOD use among the Commonwealth's youth.

BACKGROUND

The science supporting prevention programs has evolved considerably, particularly since the late 1980s when prevention programs typically incorporated linear cause-and-effect models that applied well-intentioned, but relatively simplistic strategies to target single domains. Examples include didactic programs to educate children about drugs or "just say 'no'" public awareness campaigns. With the benefit of more than a decade of concerted research that has explored more complex models and used longitudinal research to test etiological theories, it seems clear that ATOD use cannot be attributed to a single causal factor. Similarly, the prevention community has moved beyond single-cause theories to respond to an intricate play of risk and protective factors that heighten or attenuate risk for ATOD abuse. Increasingly, data are emerging from demonstration programs to support specific prevention strategies based on empirical evidence.

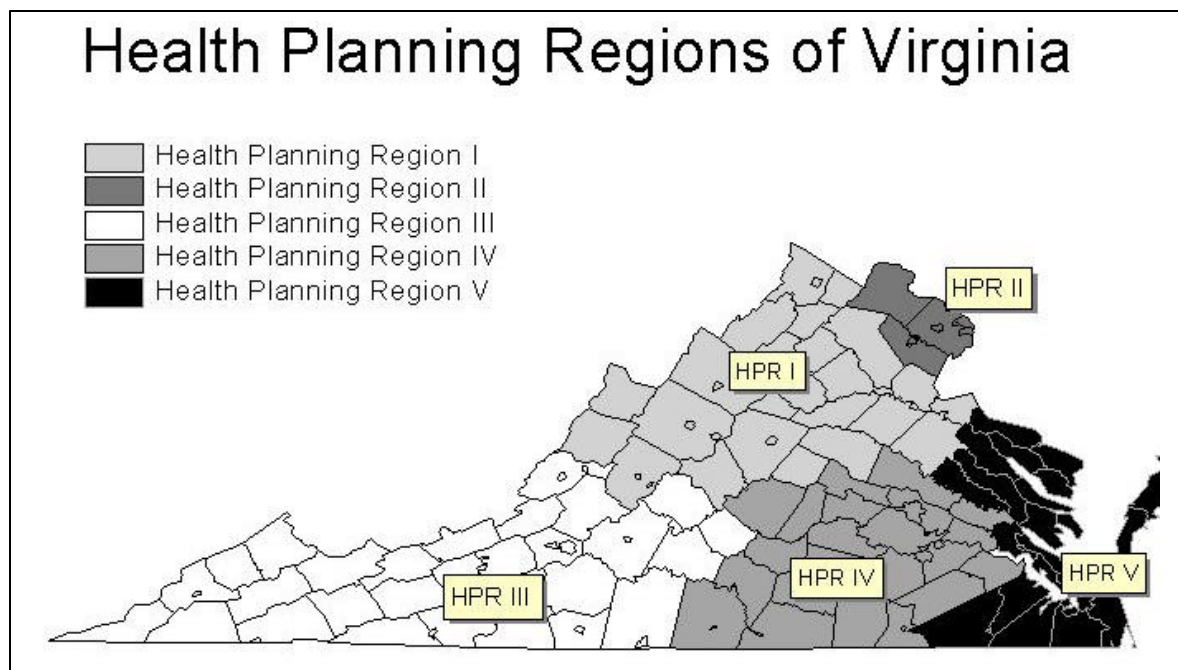
The preponderance of approaches currently employed to prevent ATOD use among youth follow a basic public health problem-response approach that includes (1) defining the problem, (2) identifying risk and protective factors, (3) identifying and implementing interventions, and (4) program evaluation. The current Virginia Community Youth Survey provides data that can be used to help define the problem and identify risk and protective factors. These two steps lead to identification of appropriate interventions. Followup administration of the Community Youth Survey can provide data for evaluation of prevention programs in the Commonwealth (i.e., if they reduced ATOD use and/or targeted risk factors, and/or increased targeted protective factors).

SURVEY DESIGN

The Virginia Community Youth survey was designed to measure ATOD use, antisocial behaviors often associated with ATOD use, 25 risk factors believed to increase youth's risk of ATOD use, and 10 protective factors believed to buffer youth against exposure to risk. The risk and protective factors are based on research and fall within four domains—individual/peer, family, school, and community.

The target population for the survey consisted of all youth attending public school in grades 8, 10, and 12 throughout Virginia. Grades 8, 10, and 12 were selected to provide information on two subgroups of youth—middle school age (grade 8) and high school age (grades 10 and 12). A sample of youth in these grade levels was selected for the survey. The sample plan was designed to provide information for the Commonwealth as a whole and for each of the five Health Planning Regions (HPRs) in Virginia. (A map identifying Virginia's Health Planning Region is presented below.) The survey was administered in randomly selected public school classrooms. The survey instruments did not include any information that would identify the youth completing the survey or the school they were attending. CSR, Incorporated research staff administered the survey.

Permission to conduct the study was obtained from school divisions in all of the sampled areas except for in the densely populated areas of HPR V (e.g., Hampton, Newport News, and Portsmouth). Public schools in the less densely populated areas of HPR V (e.g., Mathews and Richmond Counties) were willing to participate and surveys were conducted in those areas. This missing data in HPR V resulted in an inability to determine prevalence estimates for Health Planning Region V and also affected the precision of Commonwealth-wide estimates. An explanation of the data imputation process used to compensate for the missing HPR V data in order to generate Commonwealth-wide prevalence estimates is provided in the full report.



FINDINGS

The survey findings include:

- Prevalence estimates of ATOD use with comparisons between Virginia 8th, 10th, and 12th graders and a national sample of youth who participated in the *Monitoring the Future* (MTF) Survey¹; comparisons between urban and rural areas of Virginia; and comparisons between four of the five HPRs;
- Prevalence estimates of Commonwealth-wide ATOD-related antisocial behaviors for middle and high school youth, with comparisons between urban and rural youth and comparisons between four of the five HPRs;
- Prevalence estimates of Commonwealth-wide protective factors in each of the four domains, with comparisons between urban and rural areas and between four of the five HPRs; and
- Prevalence estimates of Commonwealth-wide risk factors in each of the four domains, with comparisons between urban and rural areas and between four of the five HPRs.

Complete findings for each of the above areas are provided in the full report. Highlights of recent ATOD use and prevalence of risk and protective factors are presented in the following sections.

Prevalence of ATOD Use

The survey included a series of questions about lifetime and past 30-day ATOD use. Alcohol (including binge drinking²), tobacco products, and marijuana were the most commonly reported substances used by both middle and high school youth in Virginia. Use of psychedelics was more commonly reported by Virginia youth than use of cocaine or methamphetamines. Exhibit 1 presents Virginia data on recent ATOD use with MTF comparisons.

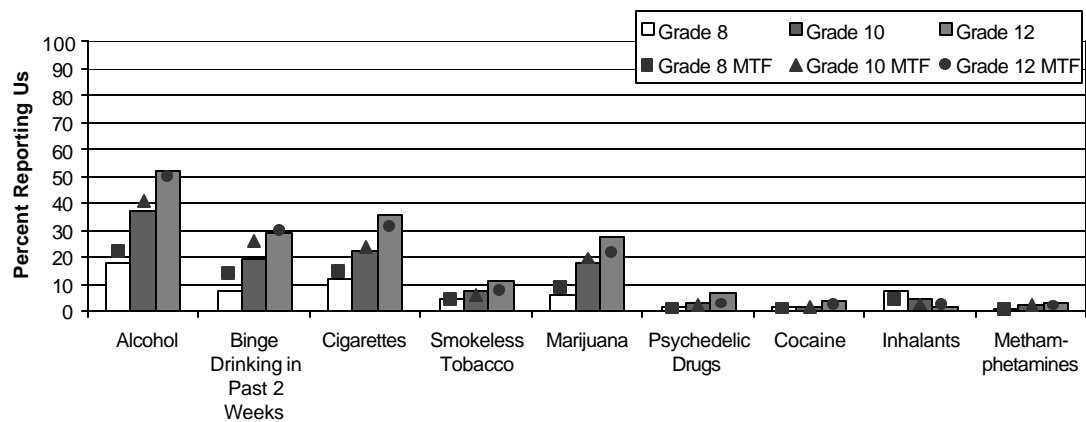
Findings of ATOD use among youth in Virginia include:

- More than one out of ten 8th graders, almost four out of ten 10th graders, and more than half of 12th graders in Virginia reported recent use of alcohol.
- A smaller percentage of Virginia's 8th and 10th graders reported recent alcohol use than 8th and 10th graders in the national MTF sample.
- More than one out of three 12th graders, more than one out of five 10th graders, and more than one out of ten 8th graders in Virginia reported recent use of cigarettes.

¹ The *Monitoring the Future* Survey is conducted by the University of Michigan's Institute for Social Research and funded by the National Institute on Drug Abuse (NIDA) at the National Institutes of Health (NIH). It has tracked 8th, 10th, and 12th graders across the Nation since 1991. 2000 data were used for comparisons in this report. The Virginia Community Youth Survey responses were compared to *Monitoring the Future* because it utilizes a similar survey methodology (i.e., the survey is self-administered by youth in public school classrooms) and the ATOD prevalence measures mirror those used in the Virginia survey.

² Binge drinking is defined as five or more drinks on one occasion.

Exhibit 1
Past 30-Day ATOD Use
Virginia and National (MTF) Comparisons
Grades 8, 10, and 12



Grade 8 State	17.7	7.8	12.1	4.6	5.9	1.6	1.1	7.4	0.6
Grade 8 MTF	22.4	14.1	14.6	4.2	9.1	1.2	1.2	4.5	0.8
Grade 10 State	36.8	19.1	22.5	7.4	18.0	2.6	1.4	4.8	2.0
Grade 10 MTF	41.0	26.2	23.9	6.1	19.7	2.3	1.8	2.6	2.0
Grade 12 State	51.9	28.8	35.3	10.9	27.2	6.4	3.8	1.7	3.2
Grade 12 MTF	50.0	30.0	31.4	7.6	21.6	2.6	2.1	2.2	1.9

- Recent cigarette use among Virginia youth is similar to use by youth in the national sample.
- Approximately 1 out of 20 8th graders, 1 out of 13 10th graders, and 1 out of 10 12th graders in the Virginia sample reported recent use of smokeless tobacco.
- Recent use of smokeless tobacco was reported by a higher percentage of Virginia 8th-, 10th-, and 12th-grade youth, compared to same grade youth in the MTF survey.
- One out of 17 8th graders, almost 2 out of 10 10th graders, and almost 3 out of 10 12th graders in the Virginia sample reported recent use of marijuana.
- Recent use of marijuana was reported by a higher percentage of Virginia 12th graders, compared to 12th graders in the MTF survey.
- Fewer than 1 out of 60 of Virginia's 8th graders, 1 out of 35 10th graders, and 1 out of 15 12th graders reported any recent use of psychedelics, cocaine, or methamphetamines.
- Recent use of psychedelics, cocaine, or methamphetamines was reported by a higher percentage of Virginia 12th graders, compared to 12th graders in the MTF survey.

Patterns of ATOD use among urban and rural youth in Virginia were similar, though rural youth were much more likely to report recent use of tobacco products. Nine percent of rural middle school age youth reported recent use of smokeless tobacco compared to 4 percent of urban middle school age youth. Approximately 20 percent of rural high school youth reported recent smokeless tobacco use compared to

6 percent of urban high school-age youth. Exhibits 2 and 3 present recent ATOD use comparisons between urban and rural middle school- and high school-age youth.

Prevalence estimates for ATOD use are available for four of the five HPRs in Virginia, (i.e., HPR I, II, III, and IV). Exhibits 4 and 5 present recent ATOD use comparisons between HPRs. The regions are similar in that alcohol is the most commonly used substance among both middle and high school youth, and psychedelic drugs, cocaine, and methamphetamines were the least commonly reported. However, there is notable variation between regions related to actual prevalence of specific substance use in middle and high school.

The greatest variation in prevalence rates between HPRs occurs in the use of tobacco products. For example, approximately one out of three high school-age youth in HPR III reported recently using smokeless tobacco relative to approximately one out of six high school-age youth in HPR II. Interestingly, the direction of the difference in prevalence rates varies between middle and high school (e.g., a region that may have the highest rate of use among middle school-age youth may have the lowest rate among high school-age youth). For example, HPR IV middle school-age youth reported the highest rates of alcohol, cigarette, and marijuana use compared to their counterparts in the other regions and reported the lowest rates of use among high school age youth. There are a number of possible explanations for this difference, including:

- Prevention and intervention programs that target early high school-age youth in this HPR may be effectively preventing or reducing ATOD use among high school-age youth;
- The current cohort of middle school-age youth (specifically 8th graders) in this HPR may have a higher rate of ATOD use than the current cohort of high school-age youth did when they were in middle school; or
- Middle school youth in this HPR who have high rates of ATOD use are less likely to remain in the public school system in high school and, thus, are not accounted for in the survey sample.

Any of the above explanations are plausible and would need to be considered in light of other local quantitative data (e.g., school drop-out rates) and potentially relevant qualitative data (e.g., information on existing prevention programs).

Prevalence of Risk and Protective Factors

An awareness of the risk and protective factors for ATOD use and associated antisocial behaviors can lead to development of effective prevention programs that target reducing the factors known to increase the risk of these behaviors and/or target increasing protective factors that are known to buffer those risks. The prevalence of 25 risk factors and 10 protective factors were measured in the Virginia Community Youth Survey.

Exhibit 2
Past 30-Day ATOD Use, Urban and Rural Middle School

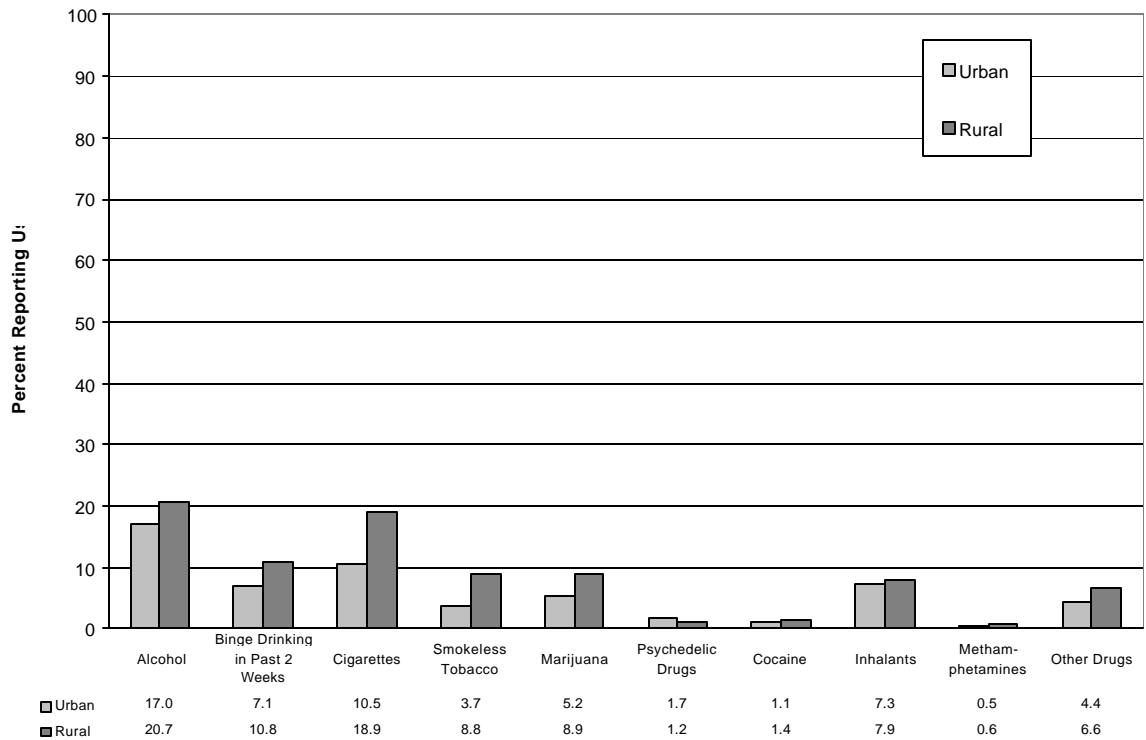


Exhibit 3
Past 30-Day ATOD Use, Urban and Rural High School

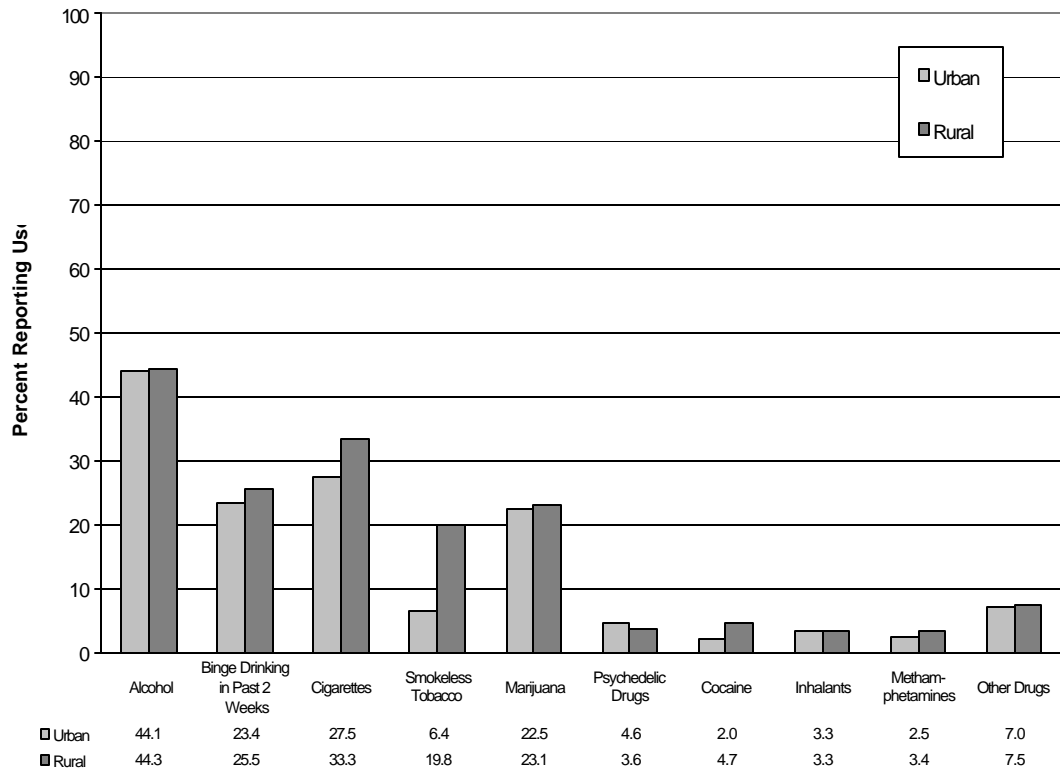


Exhibit 4 Past 30-Day ATOD Use, Middle School Health Planning Regions I, II, III, and IV with Virginia Comparisons

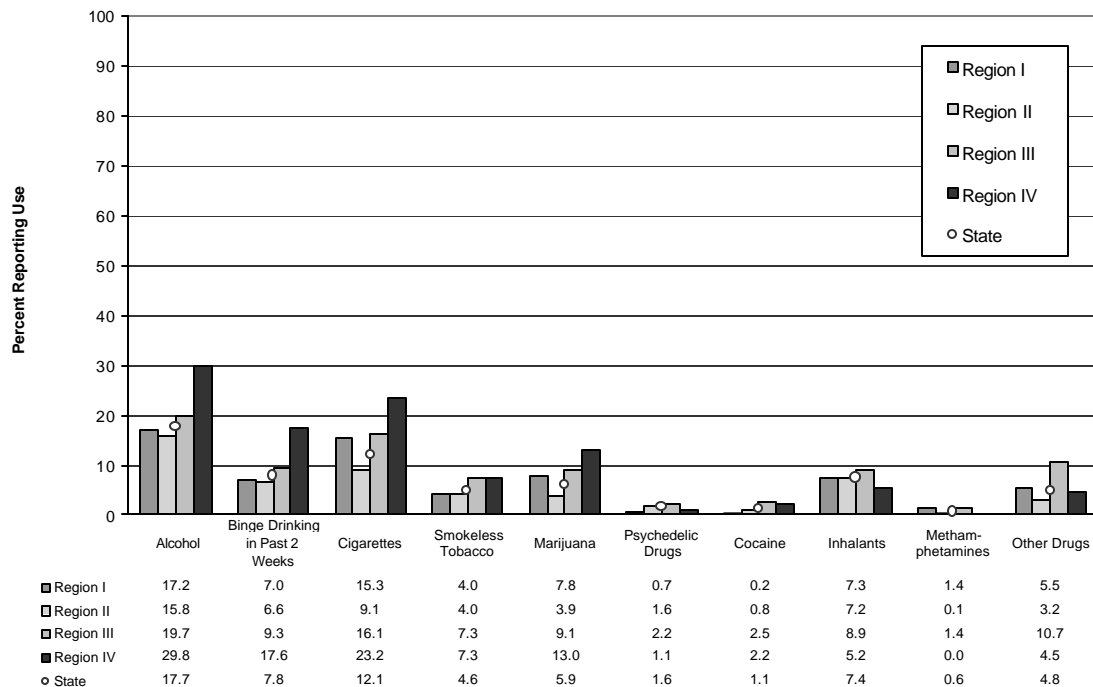
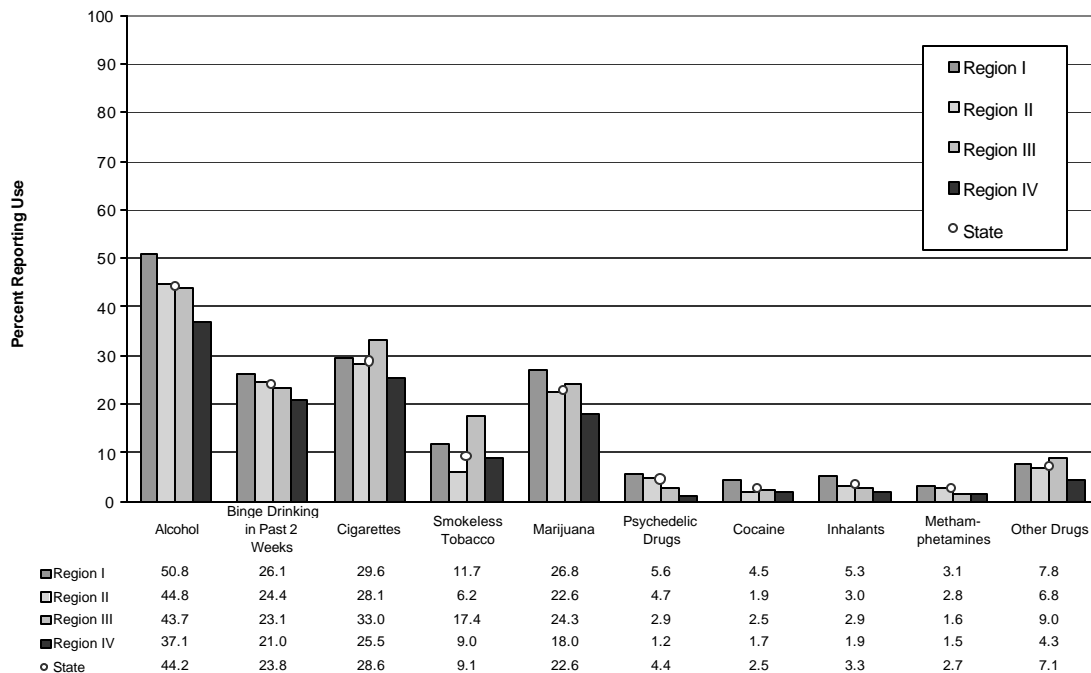


Exhibit 5 Past 30-Day ATOD Use, High School Health Planning Regions I, II, III, and IV with Virginia Comparisons



Risk and protective factor profiles for Virginia as a whole, for rural and urban areas of Virginia, and for four of the five HPRs were developed based on the percentage of middle and high school youth with elevated scores on each of the risk factor scales. The profiles are organized within four domains (individual/peer, family, school, and community).

Risk factor profiles are presented for the four domains with HPR and Commonwealth prevalence comparisons in Exhibits 6–9. The prevalence of risk factors varies between HPRs in Virginia. For example:

- HPR III has lower rates than other HPRs for the individual/peer domain risk factors “rebelliousness,” “early initiation of antisocial behaviors,” “attitudes favorable to antisocial behaviors,” “antisocial peers,” and “gang involvement,” but had rates similar to most HPRs for the other individual/peer risk factors.
- HPR IV had higher rates than the other HPRs for the risk factors “early initiation of drug use,” “early initiation of antisocial behaviors,” “perceived risk of drug use,” “antisocial peers,” and “gang involvement,” but rates similar or lower than the other HPRs for the remaining seven risk factors in the individual/peer domain.
- Within the family domain, less than 30 percent of the youth in HPR II had elevated scores on the risk factor “family history of antisocial behavior,” while approximately 45 percent of the youth in HPR IV had elevated scores on this risk factor.
- Within the community domain, HPR III had the highest level of risk among the four HPRs on the “perceived availability of drugs” scale and the lowest level among HPRs on three of the other scales (i.e., “low neighborhood attachment,” “high community disorganization,” and “transitions and mobility.”)

Protective factor profiles are presented for the four domains with HPRs and Commonwealth prevalence comparisons in Exhibits 10–13. Just as risk factor prevalence varies among HPRs, the prevalence of protective factors also varies. For example:

- HPRs I and III have higher levels than the other two HPRs on each of the individual/peer protective factor scales (i.e. religiosity, social skills and belief in the moral order).
- Within the family domain, HPR IV “family attachment” has a lower rate of prevalence than in any of the other HPRs.
- HPRs I and III have a higher prevalence of protective factors within the community domain.
- HPRs I, II, and III all have greater levels of opportunity than rewards for prosocial involvement, while youth in HPR IV perceive greater levels of reward than opportunity for prosocial involvement in their communities.

Exhibit 6
Risk Factors for Individual/Peer Domain
HPRs I, II, III, and IV with Virginia Comparisons

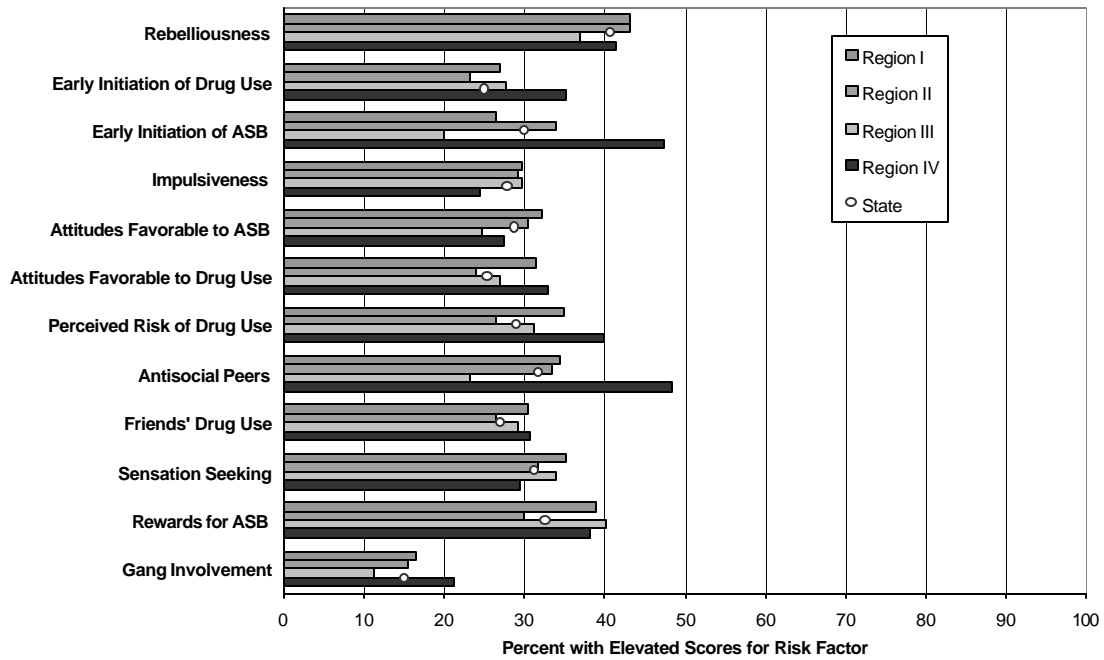


Exhibit 7
Risk Factors for Family Domain
HPRs I, II, III, and IV with Virginia Comparisons

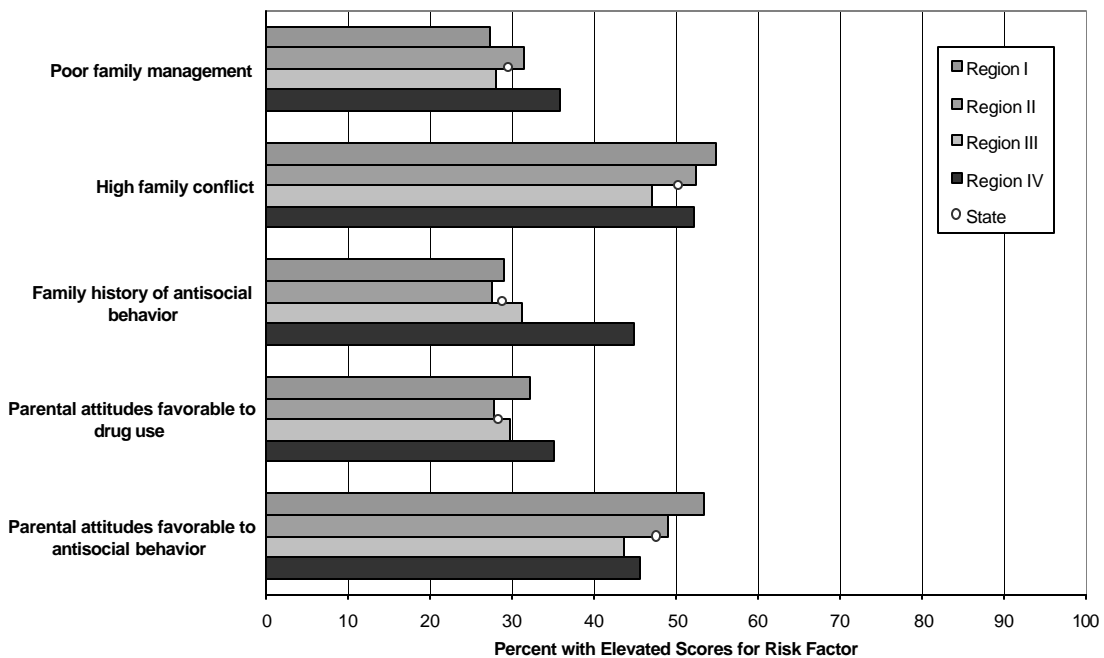


Exhibit 8 Risk Factors for School Domain HPRs I, II, III, and IV with Virginia Comparisons

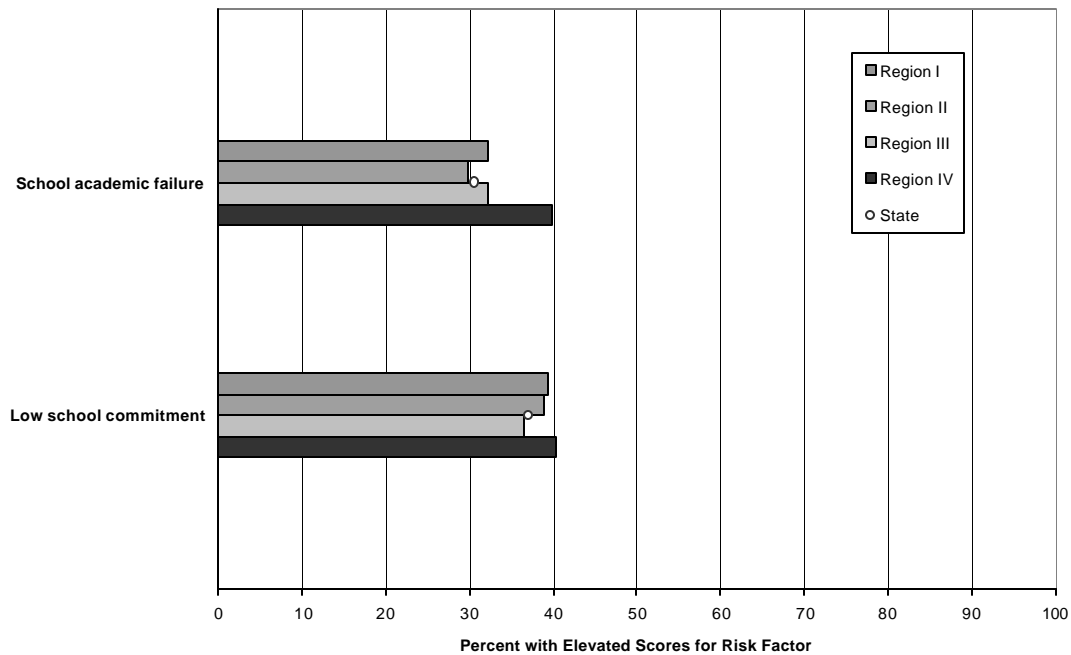


Exhibit 9 Risk Factors for Community Domain HPRs I, II, III, and IV with Virginia Comparisons

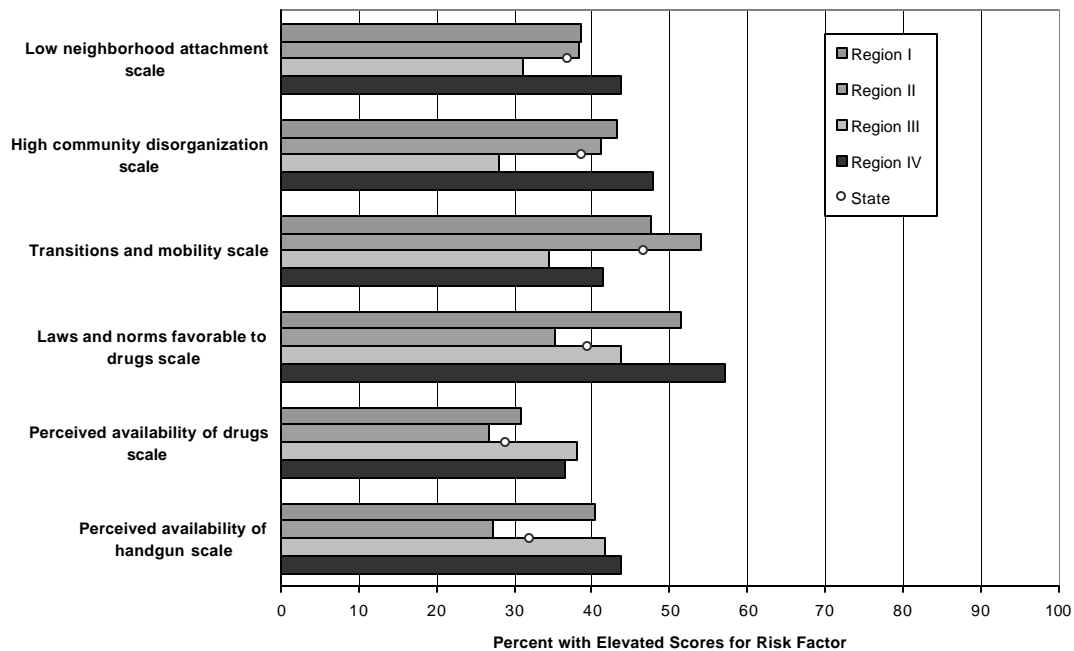


Exhibit 10
Elevated Scores for Individual/Peer Domain Protective Factors
Health Planning Regions I, II, III, and IV with Virginia Comparisons
Middle School and High School

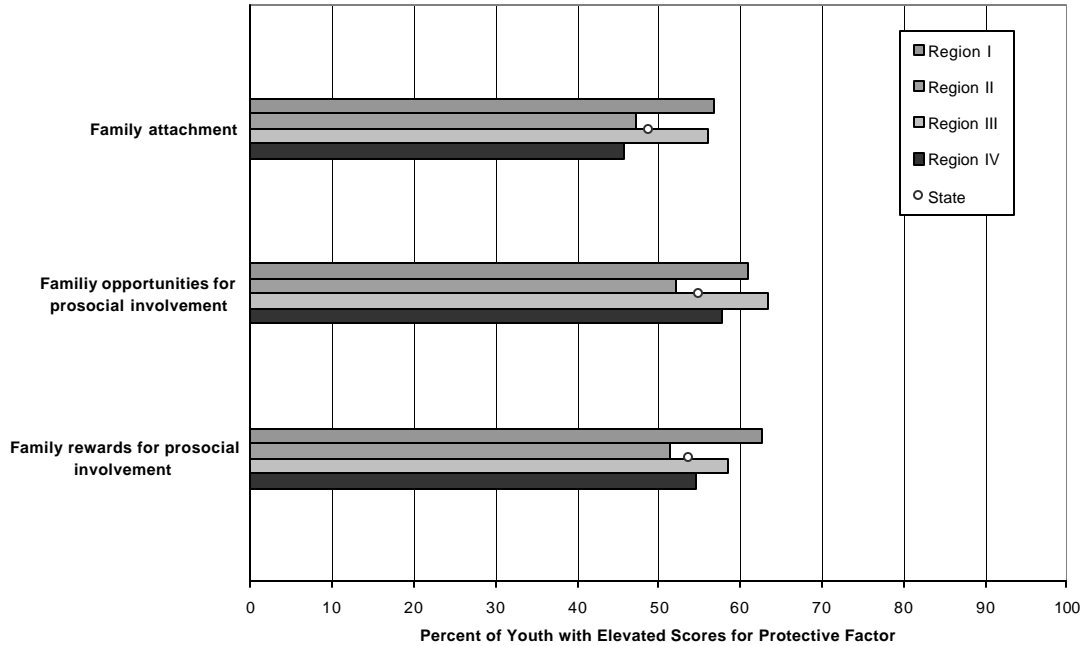


Exhibit 11
Elevated Scores for Family Domain Protective Factors
Health Planning Regions I, II, III, and IV with Virginia Comparisons
Middle School and High School

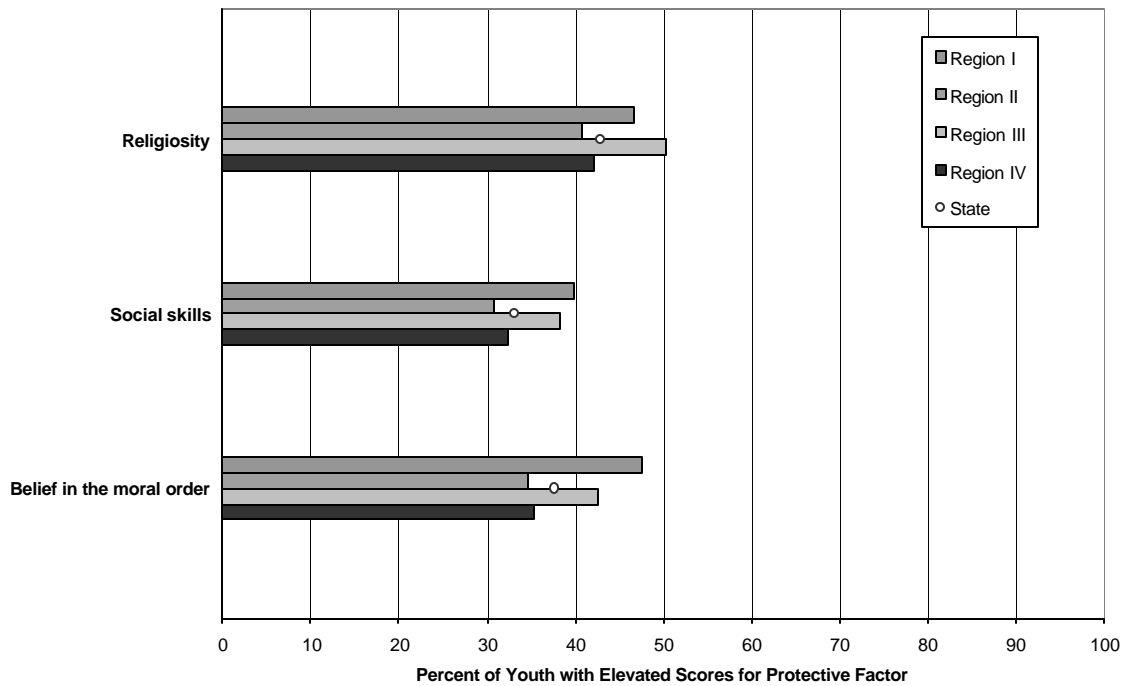


Exhibit 12
Elevated Scores for School Domain Protective Factors
Health Planning Regions I, II, III, and IV with Virginia Comparisons
Middle School and High School

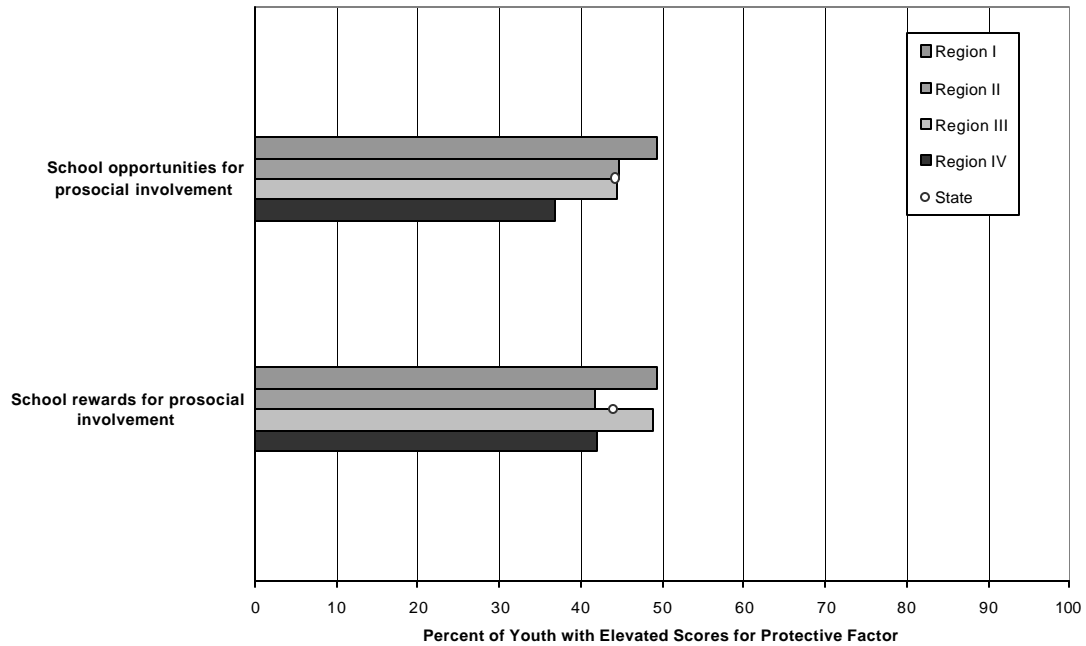
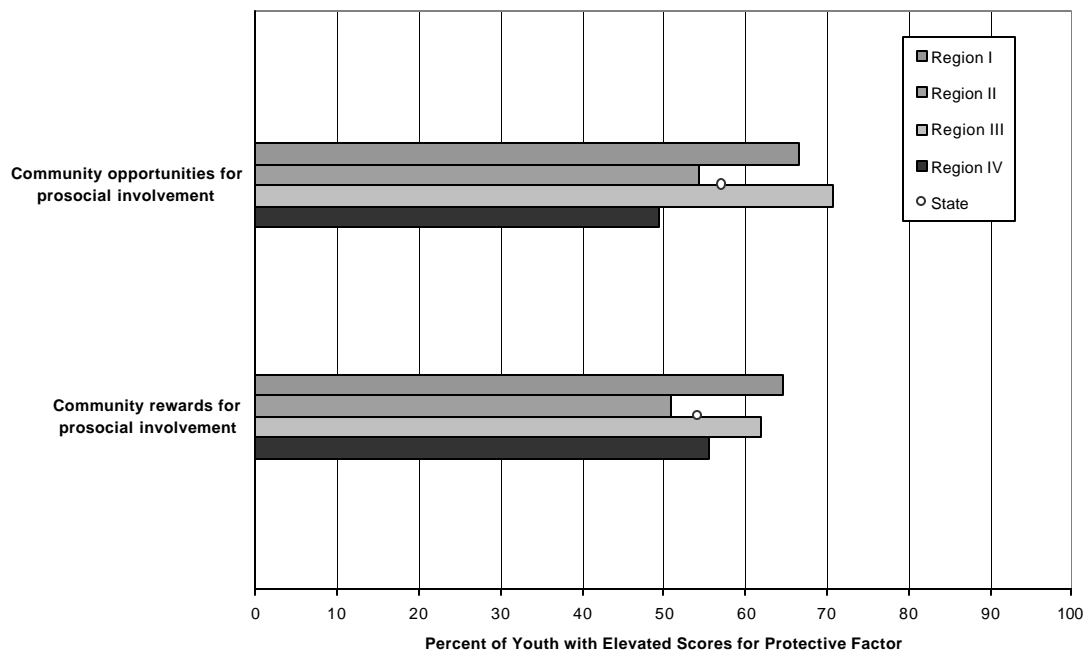


Exhibit 13
Elevated Scores for Community Domain Protective Factors
Health Planning Regions I, II, III, and IV with Virginia Comparisons
Middle School and High School



APPLICATION IN PREVENTION PLANNING

Findings from the Virginia Community Youth Survey can assist the Commonwealth, local planning groups in particular, with planning prevention programs through the use of a basic public health problem/response approach.

Defining the Problem

The Commonwealth of Virginia and local planning groups can use prevalence findings from the Virginia Community Youth Survey to assist in defining ATOD prevalence for: (1) all Virginia youth; (2) middle and high school age youth; (3) urban and rural youth; and (4) youth within four HPRs. For example, the findings indicate:

- Alcohol is the most commonly used substance by youth in all grade levels and in all areas of Virginia;
- Tobacco products are the second most commonly used substance by Virginia youth and the recent use of smokeless tobacco, particularly for 12th graders, exceeds that of their counterparts across the nation;
- Middle school-age youth have higher rates of inhalant use than high school-age youth;
- Rural youth have higher rates of smokeless tobacco use than urban youth;
- Urban youth have higher rates of psychedelic drug use than rural youth; and
- HPR IV middle school-age youth have the highest prevalence of alcohol use across HPRs, and HPR IV high school-age youth have the lowest prevalence of alcohol use across HPRs.

The last finding above illustrates the reason multiple strategies must be used to define the problem at a community level. Additional information is necessary to understand and explain the difference between middle and high school results for HPR IV.

Information from archival indicators (e.g., high school drop-out rates) can assist planners in determining if the lower prevalence rates are a result of the survey methodology (i.e., the survey was limited to youth attending public schools in Virginia). Information from a community resource assessment can help determine if intervention/prevention programs are focused on early high school-age youth and, in the absence of a high drop-out rate, help to explain the lower prevalence rate among high school youth in the area. And finally, in the absence of any longitudinal data, interviews with key community youth leaders may help to answer the question, “Is there an unusual level of ATOD use among youth who entered the 8th grade in 2000 compared to their predecessors who are now in high school?”

Identifying Risk and Protective Factors

The second step in the prevention planning process is to identify the risk factors known to increase the likelihood of ATOD problems and identify the protective factors that are known to buffer the influence of those risk factors. An analysis of the prevalence of the 25 risk factors and 10 protective factors measured in the Virginia Community Youth Survey provides prevention planners in Virginia with an

important tool for prioritizing prevention efforts across the Commonwealth. For example, HPR III has a relatively high prevalence of youth with elevated scores on the risk factor “perceived availability of drugs.” Thus, planners in that region may want to consider prevention programs that target the risk factor “perceived availability of drugs.”

Another example can be seen in HPR IV. In step one, “defining the problem,” survey results indicate a higher prevalence than other HPRs for ATOD use among 8th-grade youth. Consistent with that finding is HPR IV’s higher prevalence than the other HPRs for the risk factors, “early initiation of drug use,” and “early initiation of antisocial behaviors.” These findings indicate a need to target prevention programming to middle school (or younger) youth in HPR IV. The survey findings also indicate there are higher rates of youth in HPR IV with elevated scores on the risk factors “perceived risk of drug use,” “antisocial peers,” and “gang involvement,” but similar or lower rates than the other HPRs for the remaining seven risk factors in this domain. As a result, prevention planners in this region may want to consider prevention programming targeted to reducing the risk factors “perceived risk of drug use,” “antisocial peers,” and “gang involvement.”

Similarly, an examination of the findings related to protective factors on a regional or local level can assist planners in prioritizing prevention efforts based on the protective factors that are lowest in the community and/or that have been found to be most effective in addressing specific risk factors. To continue with the example of HPR IV, the survey findings indicate youth in this HPR perceive there are fewer opportunities for prosocial involvement in their communities or schools than were reported by youth in other areas of Virginia. Planners may want to consider implementing prevention programs designed to increase “opportunities for prosocial involvement” in HPR IV schools and communities—particularly for middle school-age youth. These programs encourage prosocial bonding and may decrease or buffer the exposure to risk associated with “antisocial peers.”

Identifying and Implementing Interventions

The third step in the planning process involves identifying interventions (i.e., prevention programs) that address the problems defined in steps one and two. The results from the Virginia Community Youth Survey, coupled with archival indicators, allow communities to base their selection of prevention programs on the program’s demonstrated effectiveness in addressing the specific risk and protective factors identified for that particular region or local area. Findings from local community resource assessments can help planning groups identify local resources that can implement, or assist in implementing, programs to target specific risk and protective factors. Research-based or science-based programs that have been found to be effective in addressing specific risk and protective factors can be identified through Commonwealth or national prevention resources, such as DMHMRSAS, the Governor’s Office for Substance Abuse Prevention, or CSAP, and implemented through local community organizations.

Program Evaluation

The fourth step in the prevention planning process is evaluating community prevention efforts. The data provided through the Virginia Community Youth survey can serve as baseline information for the assessment of prevention programs. Continued use of the Virginia Community Youth Survey will ensure that ongoing prevention planning in the Commonwealth is based on information derived from reliable data collection procedures grounded in prevention science and comprehensive in scope.

While prevention program planning should continue to be locally based and directed to local community needs, this planning process is enhanced by using sampling, data collection, and analysis procedures that are consistent across the Commonwealth and allow for comparison of local prevalence of risk and protective factors and youth ATOD use to Commonwealth-wide and prior year prevalence data. Through administration of the Virginia Community Youth Survey at selected points in the future (e.g., 2-year intervals), local communities and the Commonwealth will be able to measure change in risk and protective factors and in the final outcome of interest—the use of ATODs by Virginia's youth.

1. BACKGROUND AND INTRODUCTION

Each year, drug- and alcohol-related abuse kills more than 120,000 Americans. Drugs and alcohol cost taxpayers nearly \$276 billion annually in preventable health care costs, extra law enforcement, auto crashes, crime, and lost productivity (U.S. Department of Health and Human Services Press Office, 2000). Alcohol, tobacco, and other drug (ATOD) use is a particular problem among youth. One recent prevalence study reported that in 1999, 10.4 million underage youth currently drink alcohol. Within this group, 6.8 million youth reported binge-drinking behavior, and 2.1 million can be classified as heavy drinkers (Johnston, 2000).

According to the U.S. Department of Health and Human Services' (HHS) Substance Abuse and Mental Health Services Administration's (SAMHSA) 1999 National Household Survey on Drug Abuse (NHSDA), 9 percent of youth between the ages of 12 and 17 reported that they currently use an illegal drug. It is encouraging that this figure represents a 21.0 percent decrease from 11.4 percent in 1997. However, for the young adults between 18 and 25, current use of illegal drugs has risen since 1994 and currently it stands at 18.8 percent. This increase of 28 percent over the last two years (rising from 14.7 percent in 1997 and 16.1 percent in 1998) reflects the maturing of youth who reported greater ATOD use rates between 1992 and 1996 and underscores the importance of early prevention (Substance Abuse and Mental Health Services Administration, 2000).

This document reports on findings from a survey of 8th, 10th, and 12th grade youth attending public schools in the Commonwealth of Virginia. The survey was conducted as part of a national effort funded by SAMHSA's Center for Substance Abuse Prevention (CSAP). Virginia will use these survey findings to understand and prioritize the need for programs designed to prevent ATOD use among the Commonwealth's youth.

1.1 BACKGROUND

The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) contracted with CSR, Incorporated, of Washington, DC, to conduct the Virginia Community Youth Survey and report on ATOD use, risk and protective factors, and other ATOD-related behaviors among Virginia middle school and high school students. CSR fielded the survey across Virginia in the fall of 2000.

The Virginia Community Youth Survey is one component of a family of needs assessment studies designed to enhance Virginia's capacity to develop a Comprehensive Prevention Plan. Other components include a community resource assessment and development of a database of archival indicators for ATOD risk factors. The purpose of the Comprehensive Prevention Plan is to assist the Commonwealth and local decisionmakers in planning ATOD prevention strategies. A central purpose of the survey of risk and protective factors and prevalence is to ensure that this planning is based on data derived from reliable data collection procedures that are consistent across the Commonwealth, is based on theory, and is comprehensive in scope.

In Virginia, ATOD use prevention efforts are planned and implemented by the community service boards (CSBs), which work closely with local health and human service providers, education professionals, the criminal justice system, the faith community, local community organizations, parents, and youth through community-based prevention planning groups. Each planning group conducts a local needs assessment to identify and prioritize risk indicators and performs a local resources assessment that includes services being offered or planned by the CSBs. Based on the needs and resource assessments, an annual plan is developed that specifies prevention objectives and links them to specific services to be offered.

Before this year, Virginia's ATOD needs assessment process relied heavily on locally based needs assessments that used a variety of data collection instruments and methodologies across the Commonwealth, resulting in inconsistent and non-comparable data. As a result, it has been difficult for Commonwealth-level policymakers and program planners to get a consistent picture of ATOD prevalence among Virginia youth.

The present study is an attempt to address concerns about the inconsistency of prevalence data and to improve the Commonwealth's planning process by deploying a standard set of sampling, data collection, and analysis procedures. The Virginia Community Youth Survey is a single, standard measure of risk and protective factors and ATOD prevalence and related behaviors that was administered to a representative sample of youth across the Commonwealth.

1.2 BACKGROUND LITERATURE

The science behind ATOD prevention has evolved considerably, particularly since the late 1980s, when prevention programs typically incorporated linear cause-and-effect models that applied well-intentioned, but relatively simplistic strategies to target single domains. Examples include didactic programs to educate children about drugs or "just say 'no'" public awareness campaigns. With the benefit of more than a decade of concerted research that has explored more complex models and used longitudinal research to test etiological theories, it seems clear that ATOD use cannot be attributed to a single causal factor. Similarly, the prevention community has moved beyond single-cause theories to respond to an intricate play of risk and protective factors that heighten or attenuate risk for ATOD abuse. Increasingly, data are emerging from demonstration programs to support specific prevention strategies based on empirical evidence.

The "new public health," as described by Petersen and Lupton (1996) and others describes a focus on health that broadens the traditional biomedical model by envisioning health as a social entity that comprises perceptions and cultures (Petersen, 1996). One implication of this new public health is to encourage community-based approaches centered not only on changes in the behavior of individuals but on the interplay of changes in lifestyles, communities, and environments. In addition to ATOD prevention, this philosophy permeates other areas of public health, including child abuse and neglect, heart disease, and HIV infection (Garbarino, 1997;

Garbarino, 1992; Diez Roux, 2001; World Health Organization and Canadian Public Health Association, 1996).

The theoretical and conceptual frameworks described in the following subsection are based broadly on the notion that the more risk factors a youth is exposed to, the more likely he or she is to have problems with ATOD use in adolescence. A reduction of the number of risk factors is associated with lower vulnerability to ATOD problems during the adolescent period (Newcomb, 1992). While research has demonstrated that exposure to risk factors heightens risk for abuse, it is apparent that some exposed children do not develop ATOD use problems. Researchers hypothesize that the risk-outcome pattern is interrupted for these children because of factors that protect the child, such as secure family bonds, clear parental expectations, and academic success (Hawkins, 1992).

1.2.1 Theoretical and Conceptual Frameworks

A theory is a set of concepts that present a systematic view of events by specifying the relationships among variables. Theories are used to explain and/or predict events or situations (National Cancer Institute). Health-related theories come from the social, behavioral, and biological sciences and they borrow from such disciplines as anthropology and social psychology. It is now accepted in the field that effective prevention practice depends on articulating cogent theory, applying it in practice, and evaluating based on the theoretical model.

Conceptual frameworks are comprised of theories. Key theories that are relevant to the current state of ATOD prevention research are multi-level, or ecological. That is, the idea that behavior affects and is affected at several levels by factors that include intrapersonal or individual factors (e.g., knowledge and attitudes); interpersonal factors (e.g., roles and expectations of family and peers); and community factors (e.g., behavioral norms). Individual-level theories include Stages of Change and the Health Belief Model. Stages of Change is often applied in tobacco cessation programs and refers to the individual's readiness to quit smoking. The Health Belief Model relates to the individual's negative or positive perception of a problem or behavior; for example, the individual's own ideas about the acceptability of drug use.

Social Learning Theory explains behavior as a three-way, dynamic, and reciprocal theory in which personal factors, environmental influences, and behavior continually interact. A basic premise is that people learn not only through their own experiences, but also by observing the actions of others and the results of those actions.

Community Organization is a theory based on social network and support theory; it emphasizes active participation and the development of community resources to evaluate and solve health and social problems. Diffusion of Innovations Theory addresses how new ideas, products, and social practices spread within a society or from one society to another.

The Social Development Model, as operationalized by Hawkins and Catalano et al. provides an integrating conceptual framework to the Virginia Needs Assessment (Social Development Research Group, 1994–2001; Hawkins and Catalano, 1996). This model integrates social control and social learning theories with ecological

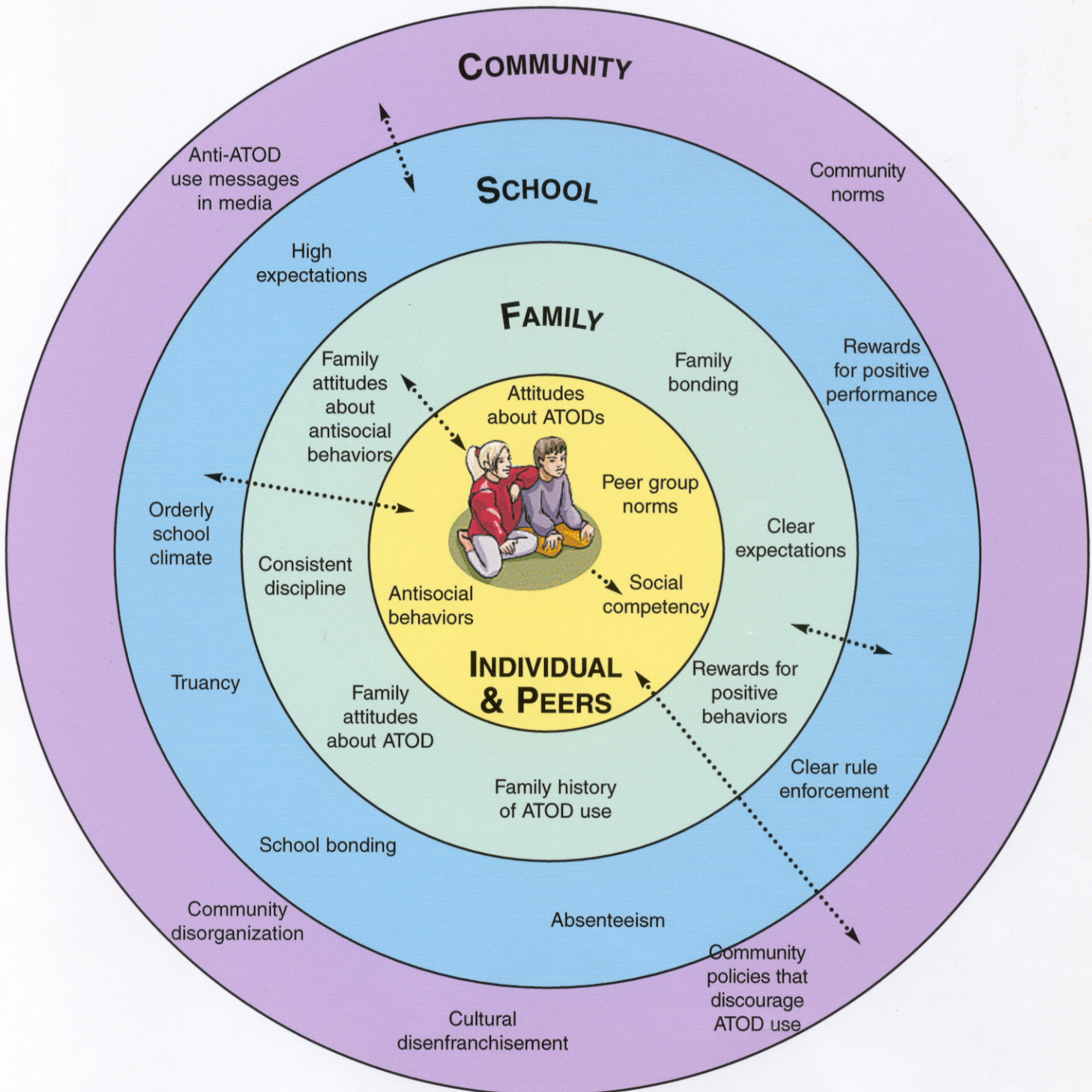
models of child development to describe the antecedents of ATOD use and related problems and the resiliency factors that prevent such use within the context of a set of multiple societal domains. The social control and social learning theories specify the roles of parental and peer influences, social bonding, normative beliefs, and other factors predictive of children's behavior (Hirschi, 1969; Akers, 1977; Sutherland, 1956). Models such as Bronfenbrenner's ecological model of child development suggest the domains that play interacting roles in influencing individual development (Bronfenbrenner, 1979).

Based initially on longitudinal research with a cohort of 808 children in 1985, Hawkins and Catalano and their colleagues began to compile findings suggesting that conditions in children's community, school, family, and peer environments in combination with the child's own psychological and biological traits, are common risk factors and that these risk factors are associated with such outcomes as ATOD abuse, delinquency, teen pregnancy, and school failure (Social Development Research Group, 1994–2001). In addition, there appear to be protective processes that shield children who are exposed to risk from negative outcomes. The Social Development Model focuses on two protective factors: (1) bonding to prosocial family, school, and peers; and (2) the existence of clear standards or norms for behavior (Social Development Research Group, no date). The processes that promote these protective factors include opportunities for the child's involvement in prosocial roles and for skills to be integrated into these roles, and consistent systems of recognition and reinforcement for prosocial involvement.

Bronfenbrenner's ecological model of human development provides a useful metaphor for understanding the Social Development Model. Bronfenbrenner used the metaphor of nested Russian dolls to explain his theory that forces impact on the developing child at levels that include the individual (microsystem), family-parent (mesosystem), community (exosystem), and cultural-political (macrosystem) (Bronfenbrenner, 1979). Exhibit 1.2-1 adapts this metaphor to describe the environment in which ATOD abuse occurs and incorporates CSAP findings about effective programs by domain (CSAP, 1999; Bronfenbrenner, 1979).

As shown in Exhibit 1.2-1, the concentric circles surrounding the individual can represent the sources of risk or the forces of protection. Each circle is nested within the other and together they form an interactive whole. The innermost circle represents the individual. Individual risk and protective factors tend to cluster around personality or psychosocial characteristics, attitudes, knowledge, and behaviors including (1) bonding to family, peers, and community members (Suedfeld, 1991); (2) psychological depression, conduct disorder, or other mental illness (Belfer, 1993); (3) academic achievement (Gillmore, Butler, Lohr, and Gilcrest, 1992), and (4) religiosity (Cochran, 1992; Greenwood, 1992). The influence of peers on adolescent ATOD use has been widely studied with the salient factors being use of drugs by peers (ONDCP, 1992); the norms established by a given peer group (Dielman, Butchart, and Shope, 1993); the quality of social interaction with peers (Bureau of Justice Statistics, 1992); and peer social pressure (Keefe, 1994).

Exhibit 1.2–1 Ecological Model of Human Development



Family factors may include a family history of ATOD abuse (Hawkins, Catalano, and Miller, 1992; Greenwood, 1992); and physical or sexual abuse (Arrowood, 1992). School-related factors are the youth's sense of connectedness to the school (CSAP, 1993), favorable attitudes of students toward drug use, availability of ATODs at school (CSAP, 1993); and rejection by school peers (Benard, 1990; Thomas and Hsiu, 1993).

Community risk factors include the availability of ATODs (Barea, Teichman, and Rahav, 1992; BJS, 1992; Chin, Lai, and Rosue, 1990-91; Laurs, 1990-91; ONDCP, 1992), sociocultural norms related to ATOD use (Cronin, 1993, Gilbert, 1992; Pryor, 1992), poverty and economic conditions (Greenwood, 1992; Janlert and Hammarstrom, 1992; Johnson, 1990-91; NCC, 1991; Pryor, 1992), and violence and crime (Greenwood, 1992; NCC, 1991).

In Exhibit 1.2-1, the double-headed arrows represent transactional processes between and among the levels. For example, peers and community norms may influence individual behavior; similarly family may influence the individual and also be influenced by such community variables as employment. A parent's own socioeconomic status or level of educational attainment may influence how empowered he or she feels to affect community social or political change. For example, a single woman with children who is reliant on subsidized housing may not feel that she can approach neighborhood association leaders or city officials to rid her neighborhood of drug dealers. Her lack of social status and reliance on public resources reduce her feelings of power and expectations for substantive change.

1.2.2 Approaches to ATOD Prevention

Although the science supporting prevention efforts has improved considerably and more programs are challenged by funders to implement evidence-based practices, there remain gaps in knowledge about the effectiveness of prevention efforts. The Institute of Medicine (IOM) (IOM, 2001) notes that most studies of effectiveness have focused on school-based programs. Of the reviews and meta-analyses published in the past decade, which suggest that prevention programs are effective, these may be biased by the fact that published studies tend to review effective programs. Peer-reviewed journals may be less likely to publish studies reporting limited or no effects. Finally, the IOM notes that criteria for effectiveness require only a single significant finding from a group of measures (IOM, 2001).

The preponderance of approaches employed to prevent ATOD use among youth follow a basic public health problem-response approach that includes (1) defining the problem, (2) identifying risk and protective factors, (3) identifying and implementing interventions, and (4) program evaluation. The problem definition stage includes rigorous assessment of risk, protection, and outcomes at the community level with the goal of identifying areas exposed to the highest overall levels of aggregate risk and the lowest levels of protection. Once the community identifies and defines risk and protective factors, it must work collaboratively to prioritize risk and protective factors to design effective prevention strategies (Hawkins, 2001).

CSAP reports that effective prevention programs apply certain principles at the individual, peer, family, school, and community levels (CSAP National Center for the Advancement of Prevention, 2000). Within the individual/peer domain, attitudes against use appear to be necessary, but by themselves are not sufficient. Effective interventions focus on social and personal skills, as well as peer role models. At the family level, model programs emphasize family bonding and target children of ATOD-abusing parents. Within the school domain, effective CSAP programs have targeted teacher training and established mentoring programs, and community-level interventions that work target norms and involve multiple agencies (CSAP, 2001; CSAP National Center for the Advancement of Prevention, 2000). CSAP reviews its prevention grantee programs annually and selects model programs based on specific criteria. Information about these programs is available in CSAP publications and on the CSAP Web site.

Because social development prevention strategies are based on community-wide indicators, interventions at each of the domain levels are designed to address specific risk and protective factors across a range of developmental periods dependent upon identified and prioritized community needs. At the individual/peer level, a community may choose to address risks associated with peer group use of ATODs. Strategies that target younger children might include parent training and classroom curricula to promote social competence. For older children, a program might implement peer mentoring in high schools. At the family level, programs may incorporate prevention programs during the prenatal period to counteract problems associated with a family history of ATOD use and antisocial behaviors. Because academic failure during the late elementary years has been shown to predict ATOD abuse later in life, programs may employ prenatal and infancy programs, early childhood education, and parent education for the youngest age groups and youth employment and education for high school-age youth. To counteract community norms favorable to ATOD use and antisocial behaviors, prevention programs may use classroom curricula and encourage the development of new community norms regarding ATOD use (Social Development Research Group, 1994–2001).

1.3 SURVEY RISK AND PROTECTIVE FACTORS

The Virginia Community Youth Survey was designed to measure the prevalence of 25 risk factors believed to increase youth's risk of ATOD use and 10 protective factors believed to buffer youth against exposure to risk. These risk and protective factors are based on research described in the literature reviewed above, are consistent with risk and protective factors measured by other CSAP needs assessment state studies, and include risk/protective factors that were identified by Virginia DMHMRSAS prevention research staff as relevant for Virginia. The risk and protective factors fall within each of the domains (i.e., individual/peer, family, school, and community) and are described below:

Individual/Peer Domain Risk Factors

- **Rebelliousness**—Rejecting authority, tradition, or accepted ways of behaving (e.g., do not feel a sense of belonging to society);

- Early initiation of drug use—Beginning to use ATODs at a young age (e.g., youth who use alcohol before the age of 15 are four times more likely to develop alcohol dependence than those who begin drinking at age 20 and older; and each additional year of delayed drinking onset reduces the probability of alcohol dependence by 14 percent (Grant, BF and Dawson, DA 1997);
- Early initiation of antisocial behavior—Beginning at an early age to engage in acts that harm other individuals, groups, or the community in which one lives (e.g., attacking someone with the idea of seriously hurting them);
- Impulsiveness—Acting without forethought or consideration of the consequences;
- Favorable attitudes toward antisocial behavior—Having a low sense of social responsibility (i.e., believing that acts which harm other individuals, groups or the community at large (e.g., theft or picking a fight with someone) are acceptable);
- Favorable attitudes toward drug use—Believing that youth ATOD use is acceptable;
- Perceived risks of drug use—Believing that people who use ATODs have little risk of harming themselves (physically or in other ways);
- Interaction with antisocial peers—Being friends with peers who exhibit antisocial behaviors such as selling illegal drugs or stealing;
- Friends' use of drugs—Having close friends who use ATODs;
- Sensation seeking—Seeking out stimuli that are novel, exciting, with little regard for potential consequence (e.g., doing something dangerous because someone dares them to or doing what feels good without regard for consequence);
- Rewards for antisocial involvement—Engaging in acts that threaten or harm others for real or perceived rewards (e.g., believing one would be seen as cool if they used drugs or carried a handgun); and
- Gang involvement—Being in (or having close friends in) a group that defines itself as a gang.

Individual/Peer Domain Protective Factors

- Religiosity—Attending religious services or activities;
- Social skills—Dexterity in interacting with others (e.g., good communication skills or ability to appropriately use humor to defuse a stressful situation); and
- Belief in the moral order—Believing in a moral purpose to one's activities (e.g., it is not okay to cheat at school or take something without asking even if you believe you won't get caught).

Family Domain Risk Factors

- Poor family management—Little monitoring of children's behavior or no clear rules/expectations for behavior;

- High family conflict—Frequently engaging in verbal abuse, serious arguments between family members, and unresolved family arguments;
- Family history of antisocial behavior—Family members (both adults and siblings) who have engaged in antisocial behaviors such as selling illegal drugs or stealing;
- Parental attitudes favorable to drug use—Believing that parents do not think their child's use of ATODs is wrong; and
- Parental attitudes favorable to antisocial behavior—Believing that parents do not think it is wrong for their child to engage in behaviors such as stealing, fighting, or vandalism.

Family Domain Protective Factors

- Attachment—Having a sense of belonging and closeness to family members;
- Opportunities for prosocial involvement—Believing that youth are valued participants and contributors in the family (e.g., parents solicit input from children when making family decisions that affect them); and
- Rewards for prosocial involvement—Reinforcement by family members for doing a good job (e.g., parents notice and praise children when they do something well).

School Domain Risk Factors

- Academic failure—Grades are lower than most other students in their class; and
- Low commitment to school—School is not an important part of the youth's life (e.g., believing that school work is not meaningful or interesting and the youth has very little connection to or involvement in school life).

School Domain Protective Factors

- Opportunities for involvement—Youth are engaged in school through efforts to enlist their input in decisions (e.g., they are given the opportunity to help decide class activities and rules) and are offered opportunities to participate in extracurricular activities such as sports and clubs; and
- Rewards for prosocial involvement—Youth receive notice and praise for doing well or working hard in academics or other school activities.

Community Domain Risk Factors

- Low neighborhood attachment—Having little feeling of connection or commitment to the neighborhood or personal investment in staying in the neighborhood;
- High community disorganization—Perceiving a lack of community cohesion that may be evidenced by such things as crime and/or drug selling, empty or abandoned buildings, or a lack of natural surveillance of public places;
- Transitions and Mobility—Reporting high rates of movement from one community or home to another or from one school to another;

- Laws and norms favorable to drugs—Believing that community norms or expectations that youth ATOD use is unavoidable or even acceptable (e.g., adults serving alcohol at high school graduation parties) or lack of enforcement of laws regulating use of ATODs (e.g., underage drinking), or laws that may be viewed as permissiveness or give “mixed messages” to youth (e.g., decriminalization of marijuana);
- Perceived availability of drugs—Believing that they (youth) could obtain alcohol, tobacco products, or illegal drugs such as marijuana with relative ease; and
- Perceived availability of handguns—Believing that they (youth) could obtain a handgun if they wanted to get one.

Community Domain Protective Factors

- Opportunities for prosocial involvement—Youth activities (e.g., sports teams or service clubs) are available in the community; and
- Rewards for prosocial involvement—Youth are noticed, encouraged to do their best, and praised by neighbors and other community members when they do something well.

The following chapters describe the Virginia Community Youth Survey methodology; present findings of prevalence estimates for ATOD use and risk and protective factors for Virginia, for urban compared to rural areas, and for individual health planning regions; and summarize the findings and present implications for prevention planning.

2. METHODOLOGY

The youth survey study was designed as a prevention needs assessment that could provide both regional and Commonwealth-wide planning information for prevention programs in Virginia. Data were collected to measure (1) the prevalence of ATOD use and antisocial behaviors among youth; (2) the prevalence of individual family, school, peer, and community factors associated with increased risk for ATOD use and antisocial behaviors; and (3) the prevalence of individual, family, school, peer, and community factors associated with decreased risk for ATOD use and antisocial behaviors. This chapter describes the sample selection process, a description of the survey instrument, the procedures for administering the survey, and the process for analysis of the data.

2.1 SELECTION OF THE YOUTH SURVEY POPULATION

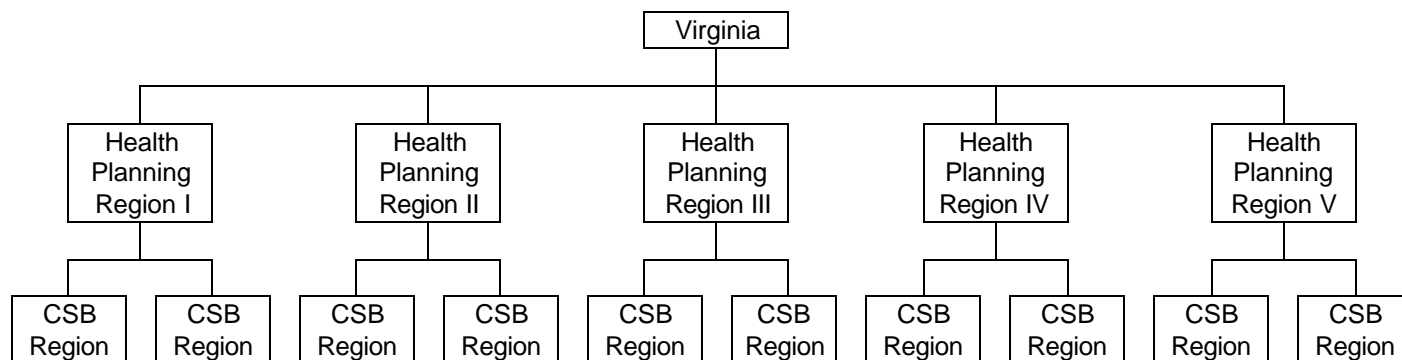
The target population for this study consisted of all youth attending public school in grades 8, 10, and 12 throughout Virginia. Grades 8, 10, and 12 were selected to provide information on two subgroups of youth—middle school age (grade 8) and high school age (grades 10 and 12) to correspond to prevention program planning that often is dichotomized between these two sub-populations of youth.

There are five Health Planning Regions (HPRs) within the Commonwealth of Virginia. Within each of the HPRs there are community service boards (CSBs) that administer prevention programs funded through the Commonwealth's Federal block grant. These CSBs may cover either single or multiple political jurisdictions within an HPR (see [Appendix 1](#) for CSBs within each HPR and cities and counties within each CSB area). The sample plan was designed to provide information for the Commonwealth as a whole, for each of the five HPRs, and for CSB areas that were selected and agreed to participate in the survey. The sample was not designed to obtain information for specific middle or high schools.

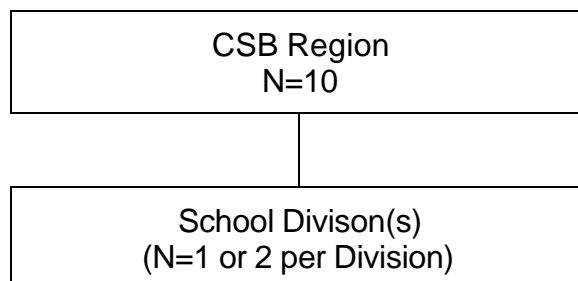
The sample design involved a three-stage stratified, random sample. In the first stage the sampling frame consisted of Virginia's five HPRs, from which two CSB areas were selected to represent a range of demographic characteristics. This resulted in the selection of eight multi-jurisdictional CSB areas that contained more than one school division and two single jurisdiction CSB areas that contained only one school division. In the second stage, two school divisions were selected from each multi-jurisdictional CSB area. The second stage of the sample selection process resulted in a total of 18 school divisions across the Commonwealth (i.e., 2 in each of 8 CSBs [n=16] and 1 in each of 2 CSBs [n=2]). For the third stage, 3–4 middle school classrooms and 4–5 high school classrooms were randomly selected from each of the participating school divisions in multi-jurisdiction CSB areas, and 6–8 middle school classrooms and 8–10 high school classrooms were selected from school divisions within single-county CSB areas.

Exhibit 2.1-1 Three-Stage Sample Design

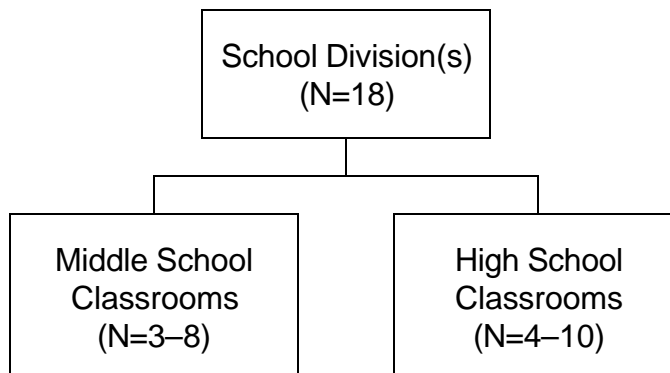
STAGE 1: Two CSBs Selected from Each Health Planning Region



STAGE 2: Two School Divisions Selected from Each of Eight Multi-Jurisdiction CSB Regions and One School Division Selected from Each of Two Single Jurisdiction CSB Regions



STAGE 3: Middle School and High School Classrooms Randomly Selected



Classrooms were randomly selected from those courses within a given grade level that would be common to all students and that were likely to contain the most heterogeneous groups of students in each classroom (i.e., most all students in that grade level would have an equal chance of participating in the survey). For example, health and physical education is a required 10th-grade course in all of the sampled schools. It also is the least likely of all courses at that grade level to be stratified by scholastic abilities or achievement, so it is most likely to contain a heterogeneous group of students within the classroom. Consequently 10th-grade classrooms were randomly selected from health and physical education courses in the sample school divisions.

The sampling plan was designed so that the generated estimates would have sufficient precision (or margin of error) for the two subgroups (middle- and high-school-age youth) within each of Virginia's five HPRs. The precision of an estimate (e.g., a proportion) is a function of the number of participating classrooms, the average number of completed surveys per classroom, and the degree of homogeneity of the students within the classrooms. In order to achieve a 5-percent margin of error, assuming a fixed intra-classroom measure of homogeneity using variance estimates from other in-school ATOD prevalence studies, it was estimated that approximately 1,600 middle and 1,800 high school students would need to be sampled from around the Commonwealth. These sample size estimates were based on the fact that slightly less than half of the population in grades 6–12 were enrolled in grades 6–8 and slightly more than half were enrolled in grades 9–12.

Four of the initially selected school divisions were unwilling to participate in the study. Replacement sampling was used in order to ensure that an adequate number of school divisions representing the various areas of the Commonwealth were included in the youth survey. One of the replacement school divisions was in a multi-jurisdictional (multi-school division) CSB area and was selected from that area to approximate the demographic characteristics (e.g., income levels and population density) of the initial school division selection. Another of the replacement school divisions was in a single-jurisdictional (single school division) CSB area. In that case, another CSB area within the same HPR was selected to approximate the demographic characteristics (e.g., population density and income levels) of the initial selection. This resulted in adequate sampling for four of the five HPRs.

HPR V contains both low population (e.g., Northern Neck and Middle Peninsula) and high population (e.g., Hampton and Newport News) density areas with significant demographic differences (e.g., income levels). Cooperation was obtained from school divisions in the low population density areas of HPR V, but Commonwealth representatives were unable to secure cooperation from either the initial or replacement sample school divisions in the higher population density areas of the region. As a result, the final sample did not allow for estimates of ATOD use, antisocial behaviors, or risk and protective factors for that region. A sufficient sample was obtained for Commonwealth-wide estimation and for estimation within each of the remaining four HPRs. (See section 2.5.2. for a discussion of methods to compensate for missing data in HPR V.)

2.2 THE SURVEY INSTRUMENT AND MEASURES

The data collection instrument used for the Middle and High School Student Survey is the Virginia Community Youth Survey. This instrument is based on the Student Survey of Risk and Protective Factors and Prevalence of Alcohol, Tobacco, and Other Drug Use. It was originally developed and validated by the Six-State Consortium (Kansas, Maine, Oregon, South Carolina, Maine, Washington, and Utah) for Prevention Needs Assessment in their State Prevention Needs Assessment Studies: Alcohol and Other Drugs, supported by the Center for Substance Abuse Prevention (CSAP). During its development, it has been utilized not only by the first cohort (FY93) of needs assessment states, but by various states in the second (FY95) and third (FY97) cohorts. This data collection instrument incorporates 36 scales with scale reliability coefficients ranging from .63 to .93 (see [Appendix 2](#)).

The Virginia Community Youth Survey (see [Appendix 3](#)) is a four-page, double-sided instrument, completed by respondents using a No. 2 pencil to indicate their answers to multiple-choice questions. The survey instruments can be scanned into electronic form. The scanning algorithm translates a response to the first option for each question as a “1,” to the second as a “2,” to the third as a “3,” and so on for all the possible responses. The survey consists of 129 questions divided into five sections—Demographics and School Climate, Peer Influences, Drug/Alcohol Usage, Community-Based Perceptions, and Family. The first section includes demographic questions about age, grade, race and ethnicity, and information about the respondent’s family and community. Following these are questions regarding various aspects of the four domains—community, school, family, and individual/peer—interspersed with questions about the respondent’s ATOD use and antisocial behaviors. In addition to these substantive questions, the survey includes questions designed to determine the validity of individual surveys (two questions about a fictitious drug called “derbisol,” and a question about how honest the respondent has been in answering the survey questions.) The last question of the survey queries the respondent about the importance of the survey.

The survey provides three kinds of information: demographic; prevalence of ATOD use and antisocial behaviors; and risk and protective factors. Exhibit 2.2-1 lists the demographic, risk and protective factors within each domain, ATOD, and antisocial behavior variables.

Exhibit 2.2-1 Survey Variables and Context

CONTEXT	VARIABLES
Demographics	Age, grade, gender, race/ethnicity, household structure, siblings, father's education, mother's education, type of residence
Youth's Perceptions of Their Communities	Attachment to neighborhood Level of community organization Transitions and mobility Laws and norms regarding drug use Availability of drugs and handguns Opportunities for prosocial involvement Rewards for prosocial involvement
Youth's Perceptions of Their Families	Family management practices Discipline practices Level of conflict History of antisocial behavior Attitudes toward drug use Attitudes toward antisocial behaviors Level of youth's attachment to parents Opportunities for prosocial involvement Rewards for prosocial behaviors
Youth's Perceptions of School	Grades Level of commitment to school Opportunities for prosocial involvement Rewards for prosocial behaviors
Youth's Perceptions of Self	Level of rebelliousness Age at initiation of problem behavior Level of impulsiveness Level of antisocial behavior Attitudes toward antisocial behavior Attitudes toward drug use Risk of drug use Level of risk-taking or sensation-seeking Religiosity Level of social skills Level of morality Mood levels (depression)
Youth's Perceptions of Peers	Level of antisocial behavior by friends Level of drug use by friends Peer attitudes toward antisocial behaviors Friends' participation in gangs
Youth's Self-Report of ATOD Use	Use during the past 30 days Lifetime use
Youth's Self-Report of Antisocial Behaviors	Within the past year: <ul style="list-style-type: none"> – Suspended from school – Carried a handgun – Sold illegal drugs – Stole/tried to steal motor vehicle – Arrested – Attacked someone with idea of seriously injuring them – Took a handgun to school

2.3 SURVEY ADMINISTRATION

Following the selection of school divisions for participation in the needs assessment study, permission to conduct the study was obtained from the school division's superintendent. Upon receiving permission, contact was established with a designated coordinator within the school system. To participate in the survey, classrooms were randomly selected from lists of classrooms provided by the school coordinator. A copy of the survey instrument was provided to the coordinator for placement in the school division or school principal's office for possible review by parents as needed. Prior to the actual implementation of the survey, parents of the students whose classes were selected for participation were sent a letter notifying them of the survey and providing a brief description of the instrument and its utility. The letter offered them an opportunity to review a copy of the survey instrument in either the school division or school building's administrative offices. The letter to the parents explained that participation in the survey was voluntary and that students would be given the choice to participate or not, and students who participated could skip over any questions they did not wish to answer. The letter advised parents that the anonymity of individual students would be protected and that no name or other information that could identify an individual student would be placed on the survey instrument. Parents who did not want their children to participate in the study were asked to send a note to that effect to the school. Supervised study hall periods or other alternative activities were made available for students whose parents opted for them not to participate. A sample of the letters sent to parents is included in [Appendix 4](#).

The survey was administered by professional staff of the survey contractor, CSR, Incorporated. All survey administrators completed a one-day training session prior to entering the field. The training consisted of a review of the survey protocol, classroom management, and data management procedures. All survey administrators signed a pledge of confidentiality (pursuant to protection of human subjects requirements). Survey administrators then made arrangements for conducting the survey with designated school coordinators and classroom teachers in their assigned school divisions.

The survey was administered in late October through November of 2000 in all but one school division. (See section 2.4.1. below.) The months were selected to avoid dates for standardized State testing or times that would immediately follow a holiday school break. Dates following a holiday break were avoided in an effort to capture typical ATOD use during the 30 days prior to the study (holiday breaks may result in atypical ATOD use).

On the day of the survey, students attended their normal classroom period and were introduced to the survey administrator. Students were provided with the survey instrument and a No. 2 pencil. Survey administrators read aloud the instructions that appear on the front of the instrument, including the statement that students may skip any questions they do not want to answer. The students were told not to place their name anywhere on the survey and no other information was placed on the instrument that could link it to an individual student. Following completion of the survey, a large envelope was passed through the classroom and individual students placed their survey in the envelope. The last student in the classroom then sealed the envelope and

gave it to the survey administrator. This procedure ensured that the anonymity of all students was preserved.

Survey administrators noted on the front of the envelope the number of students who had participated, the grade level of the classroom, the date and time of the survey, the city/county ID number, and any problems that may have occurred in survey administration. The envelopes were then transmitted to the data management and analysis team at the survey contractor's office.

2.4 QUALITY CONTROL

This section describes the procedures that were implemented to ensure the quality of both data collection and data management.

2.4.1 Data Collection

During the data collection process, the contractor's field manager and project director were present at selected sites to monitor the quality of data collection and ensure that proper procedures were being followed. In addition, the field manager maintained close, regular contact with each of the field sites to monitor implementation of the survey and help to resolve any problems with scheduling or other aspects of survey administration. Problems were limited and resolved. The problems included discovery that a few randomly selected classroom identification numbers in one school division were actually identifying numbers for special-needs students that were "mainstreamed" into general classrooms and similar occurrences that resulted in unusually small or non-heterogeneous classroom compositions. In those cases, replacement sampling was conducted and the procedure for parental notification and scheduling was again implemented.

In another school district, the population was so small that all of the classrooms in that grade level were included in order to obtain a sufficient number of students to maintain sampling precision estimates for that HPR. In one school division, the survey actually took place in early December rather than the October/November time frame. This was the result of a principal's unanticipated absence that disrupted the routine administration of the school and did not allow for coordination with the site's field coordinator. The problem was resolved and the initially selected classrooms were surveyed during the first week of December.

2.4.2 Data Quality/Reliability

A total of 3,330 surveys were collected from 147 classrooms. Exhibit 2.4-1 presents the number of classrooms and the number of surveys by grade level and HPR.

2.4.2.1 Data Cleaning

Survey data were examined and cleaned prior to analysis. The first step in data cleaning involved resolving problems with city/county codes and grade codes. For

Exhibit 2.4-1 Numbers of Surveys and Classrooms by Health Planning Region (HPR)

	Number of Surveys				Number of Classrooms		
	Middle School (8th grade)	High School (10th and 12th grade)	Other	Total	Middle School	High School	Total
HPR-I	364	320	1	685	16	16	32
HPR-II	455	411	7	873	15	16	31
HPR-III	399	303	0	702	16	16	32
HPR-IV	391	375	1	767	15	22	37
HPR-V	172	131	0	303	6	9	15
State Totals	1,781	1,540	9	3,330	68	79	147

example, the city/county codes for some records were missing, or not recognizable as a city/county code (e.g., missing a digit). These problems were resolved by examining the zip code and the physical position of the record among others with the same zip code. Similar problems with grade codes were resolved in most cases by examining the age indicated by the respondent and the physical position of the record among others of a similar age. City/county and grade codes were resolved for 221 records; three records were deleted because the grade could not be determined and six records marked “6th grade” were deleted as that grade level was not included in the study.

In addition, the consistency of responses to questions about lifetime and 30-day use were checked. If the response to a question about the 30-day use of a substance exceeded the response to the corresponding lifetime use question, the lifetime use response was changed to match the 30-day use response. This is a standard practice in resolving consistency between short-term and long-term memory items and has been incorporated into the data cleaning process for this instrument in other CSAP-funded needs assessment states.

The second step in data cleaning involved determining the validity of individual surveys. Since the Virginia Community Youth Survey involves self-reporting, the accuracy of responses may be questionable. For example, respondents may mark bubbles randomly or in a pattern; or may under- or over-report substance use and other behaviors. Three strategies were used to identify invalid surveys. Surveys determined to be invalid according to all three strategies (or if the respondent answered none of the questions involved in determining the validity of the survey) were omitted from further analysis.

The first strategy assessed responses to the last question (question 129) on the survey: “How honest were you in filling out this survey?” The responses to this question include:

- I was very honest;
- I was honest pretty much of the time;
- I was honest some of the time;

- I was honest once in a while; and
- I was not honest at all.

Forty-three surveys with the last, most extreme response were found to be invalid according to this strategy.

The second strategy considered responses to two questions about lifetime (question 70) and 30-day (question 71) use of a fictitious drug called “derbisol.” These questions are part of a sequence of questions about other legitimate substances and include the same seven response categories (responses range from “0 occasions” to “40 or more occasions”) as the other substances. While surveys missing responses to one or both derbisol questions, and those with the response “0 occasions” to one or both derbisol questions were considered to be valid, surveys indicating both some lifetime use as well as some 30-day use were determined to be invalid according to this strategy. Fifty-one surveys were determined to be invalid according to this strategy.

The third strategy assessed the over-reporting of substance use by examining responses indicating a greater use of drugs than would be possible in a specified time. Specifically, the strategy was to identify surveys with an unrealistic past 30-day use of marijuana, LSD or other psychedelics, cocaine or crack, and inhalants (alcohol, tobacco, and methamphetamines were not included in this strategy)¹. Thirteen surveys were determined to be invalid based on this strategy.

Exhibit 2.4-2 presents the numbers of surveys determined to be valid, by grade.

Exhibit 2.4-2
Valid Surveys by Grade

Grade	Number of Valid Surveys
Grade 8	1,677
Grade 10	785
Grade 12	704
Total	3,166

In all grades, less than 5 percent of the surveys were dropped from further analysis, either because they were determined to be invalid using the three strategies described above (85)² or because none of the survey items used in determining survey validity were completed (70).

¹ The algorithm for this strategy represents the respondent’s past 30-day use for each substance by the midpoint of each indicated response range. If the sum of the midpoints of the indicated response range exceeded 120, the response was considered invalid. Thus, if the survey indicated past 30-day use on 20–39 occasions for all four categories, the algorithm imputed a total past 30-day use of 4 x 29.5 or 118 days, and the survey was valid. However, if the survey indicated past 30-day use on 40 or more occasions, the category of greatest use, on three or more questions, the survey was invalid.

² The numbers determined to be invalid according to each strategy total more than 85 because some of the individual surveys were determined to be invalid for more than one reason.

2.4.2.2 Sample Size

After data cleaning, 3,166 surveys were available for analysis. Exhibit 2.4-3 shows the numbers of surveys by grade and HPR.

Exhibit 2.4-3
Valid Surveys by Grade and Health Planning Region (HPR)

	Number of Surveys		
	Middle School	High School	Total
HPR-I	350	310	660
HPR-II	427	399	826
HPR-III	383	296	679
HPR-IV	357	356	713
HPR-V	160	128	288
State Totals	1,677	1,489	3,166

2.4.2.3 Quality Analysis of Individual Item Responses

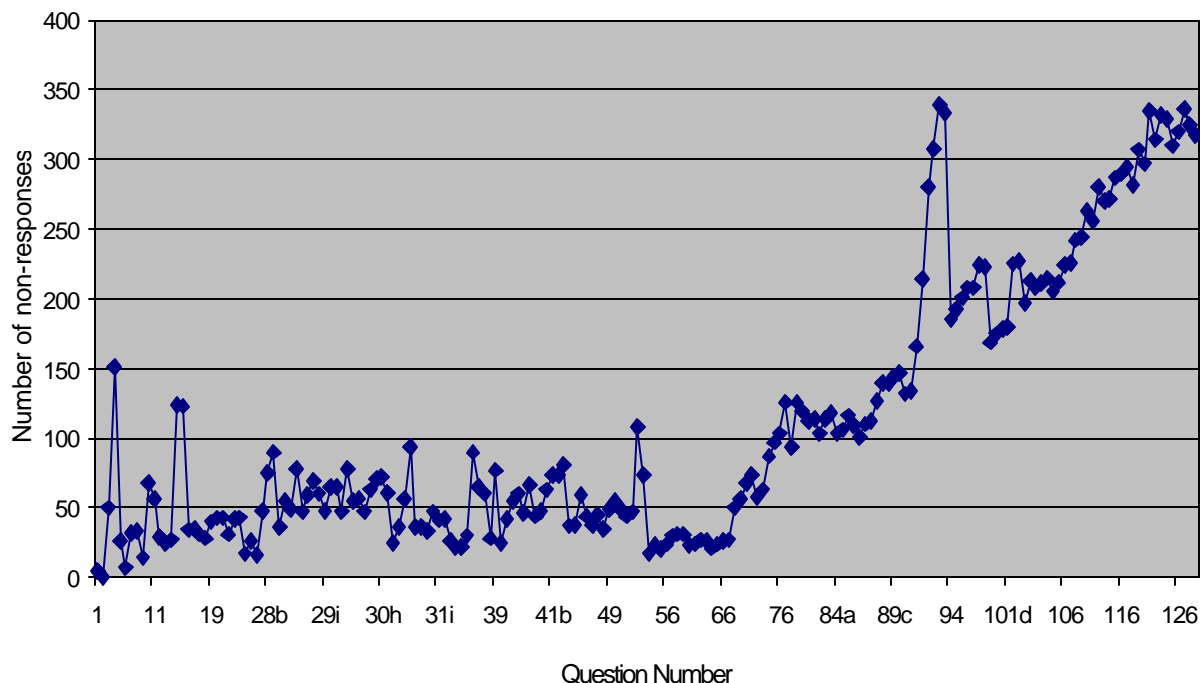
The scanner coded multiple responses/marks for some surveys and questions. Multiple marks might occur for several reasons. Sometimes respondents marked a bubble and then tried to erase or “X” out the response and enter a different response. Some of these erasures were not (and perhaps could not be) sufficiently clean, in spite of efforts by data processing staff to check individual surveys and clean erasures. Other multiple marks may have been the result of overfilling bubbles. Occasionally, respondents made multiple marks for some questions, and there was no way of knowing their intentions. Sixteen percent (506) of the valid surveys had at least one multiple mark. While multiple marks could not be corrected, survey analysis staff examined their occurrence to identify patterns that might indicate some bias toward a particular group. There appeared to be no pattern of multiple marks among counties and cities.

The analysis of multiple marks showed that they were most common in response to question 13, “Putting them all together, what were your grades like last year?”; 3.5 percent (113) of the surveys had multiple marks for this question. None of the other survey items had multiple marks for more than 1 percent of the survey’s respondents.

Many survey instruments had questions with no response marked by the youth. More than half (1,690) of the surveys had at least one question with no response. There were no differences among counties and cities regarding non-responses to questions.

Questions were examined for patterns in non-responses. As indicated in Exhibit 2.4-4, there was a tendency for later questions to have more non-responses, suggesting an effect due to the length of the instrument, perhaps indicating fatigue or the need for more time to finish the survey. Specifically, the beginning of the non-response trend coincided approximately with the first question in the “Community-Based Perceptions” section (question 74).

Exhibit 2.4-4
Numbers of Non-Responses by Question



In addition, a few questions appeared to have more non-responses than might have been expected, considering the number of non-responses to neighboring questions. These questions are presented in Exhibit 2.4-5. The most noticeable of these were the five-part question (question 93) about activities available in the community and the question about ethnicity (question 4a).

Exhibit 2.4-5
Numbers of Non-Responses to Selected Questions

Question Number	Question	Non-Responses to Question	
		Number of Surveys	Percent of Surveys
4a	What do you consider yourself to be: Hispanic or Latino/Not Hispanic or Latino?	151	4.8
14b	During the LAST FOUR WEEKS, how many whole days of school have you missed because you skipped or "cut"?	124	3.9
28c	Now, thinking back over the past year in school, how often did you try to do your best work in school?	90	2.8
31d	How wrong do you think it is for someone your age to attack someone with the idea of seriously hurting them?	94	3.0
37a	How many times have you done what feels good no matter what?	90	2.8
52c	How much do you think people risk harming themselves if they smoke marijuana regularly?	108	3.4

Question Number	Question	Non-Responses to Question	
		Number of Surveys	Percent of Surveys
93a	Which of the following activities for people your age are available in your community? Sports teams.	214	6.8
93b	Which of the following activities for people your age are available in your community? Scouting.	280	8.8
93c	Which of the following activities for people your age are available in your community? Boys and girls clubs.	308	9.7
93d	Which of the following activities for people your age are available in your community? 4-H clubs.	339	10.7
93e	Which of the following activities for people your age are available in your community? Service clubs.	333	10.5

2.5 DATA ANALYSIS METHODS

This section presents the analysis methods, including the use of weights in the computation of percentages, means/standard errors, and standard deviations; and the establishment of cut points to identify youth with high scores for risk and protective factor scales.

2.5.1 Sample Weights

Virginia is a diverse state with small geographic areas that have very high population densities (most notably the Northern Virginia and Tidewater areas) and large geographic regions with very low population densities. Additionally, some of the HPRs have significant variation in the population density within the region (e.g., high population density in the Hampton and Newport News area of HPR V and low population density in the Northern Neck and Middle Peninsula area). The sampling method resulted in over-sampling in counties and cities with small populations. Therefore, it was necessary to weight data when computing percents, means, and standard deviations at regional and Commonwealth levels (Rea and Parker, 1997; Kish, 1965). The weights for each county and city were the ratios of their expected population proportions to their actual sample proportions. Population values were the numbers of youth in each grade level for each county or city (Virginia Department of Education, 2001).

Because urban and rural areas often are speculated to have different levels of ATOD use or different risk and protective factors, and because the results of urban areas tend to dominate computations at the Commonwealth level, data also were analyzed separately for urban and rural areas. To determine weights for these categories, counties and cities were designated as either “urban” or “rural.” Initially, these designations were based on city and county population densities using the United States Census definition of urban as an area with a population density of at least 1,000 people per square mile. Responses of youth characterizing their communities as rural, or suburban/urban were examined as well, and were found to be consistent with the Census definition for all but one county. This county was determined to be rural,

contrary to the responses of more than half the youth surveyed in that county. Sample weights were computed based on these designations of counties and cities as urban or rural.

2.5.2 Imputation Process for Missing Data

As previously discussed, representatives of DMHMRSAS were unable to obtain participation in the survey study from any of the higher population density areas in HPR V. To compensate for this and better represent values at the Commonwealth level, two sampled areas with similar population characteristics and archival risk indicators (Arlington and Prince William counties) were chosen to serve as a proxy for imputing values for this area when computing values at the Commonwealth level.

2.5.3 ATOD and Antisocial Behavior Outcomes

For purposes of analysis, responses to survey questions about ATOD and antisocial behaviors were collapsed into two categories, “None” and “Any.” Analysis of these behaviors focused on the negative outcomes—any use for the ATOD outcomes and any behavior for the antisocial behaviors. The study computed the weighted percent of youth reporting negative outcomes.

2.5.4 Risk and Protective Factor Scales

Most of the Risk and Protective Factor Scales derived from the survey items combined the responses to several questions³. While most scales could have values 1, 2, 3, or 4, there were exceptions. Exhibit 2.5-1 presents the risk factor scales and the possible values for each scale, while Exhibit 2.5-2 presents the corresponding information for the protective factor scales. The values for risk factor scales increase with the level of risk; values for protective factor scales increase with the level of protection. Some questions required rescaling to provide consistency in scale direction so that the responses that indicate greater risk would have larger values than those with lesser risk. For example, two items in the Community Risk Factor, Low Neighborhood Attachment, “I like my neighborhood,” and “If I had to move, I would miss the neighborhood I now live in,” were rescaled so that the fourth response, “YES!” would have the value “1” instead of “4.” In addition, since the component questions for some scales varied in the numbers of responses, the magnitudes of responses to questions with fewer choices required adjustment so that extreme values would match those of questions with more choices. For example, two questions for the Community Risk Factor scale, Transitions and Mobility, were recoded so that the second response, “YES,” would have the value 3, a moderate response for this scale.

Several different methods for presenting information regarding responses to risk and protective factor scales (e.g., means and standard deviations, percent of students with various ranges of responses) were considered by the analysis team. Each method had both advantages and disadvantages in terms of serving the purposes of the target audiences (e.g., policymakers), ease of interpretation by the general public, and usefulness in comparing information from year to year. Based on consultation with

³ Risk and protective factor scale values were computed by calculating the means of the component questions.

Exhibit 2.5-1 Risk Factor Scales by Domain

Community Domain	School Domain
<ul style="list-style-type: none"> • Low Neighborhood Attachment (4-point scale) • High Community Disorganization (4-point scale) • Transitions and Mobility (5-point scale) • Laws and Norms Favorable to Drug Use (4-point scale) • Perceived Availability of Drugs (4-point scale) • Perceived Availability of Handguns (4-point scale) 	<ul style="list-style-type: none"> • Academic Failure (4-point scale) • Low Commitment to School (5-point scale)
Family Domain	Peer-Individual Domain
<ul style="list-style-type: none"> • Poor Family Management (4-point scale) • High Family Conflict (4-point scale) • Family History of Antisocial Behavior (5-point scale) • Parental Attitudes Favorable to Drug Use (4-point scale) • Parental Attitudes Favorable to Antisocial Behavior (4-point scale) 	<ul style="list-style-type: none"> • Rebelliousness (4-point scale) • Early Initiation of Drug Use (9-point scale - Mean) • Early Initiation of Antisocial Behavior (9-point scale – Mean) • Impulsiveness (4-point scale) • Favorable Attitudes to Antisocial Behavior (4-point scale) • Favorable Attitudes to Drug Use (4-point scale) • Perceived Risks of Drug Use (4-point scale) • Interaction with Antisocial Peers (5-point scale) • Friends' Use of Drugs (5-point scale) • Sensation Seeking (6-point scale) • Rewards for Antisocial Involvement (5-point scale) • Gang Involvement (9-point scale)

Exhibit 2.5-2 Protective Factor Scales

Community Domain	School Domain
<ul style="list-style-type: none"> • Opportunities for Prosocial Involvement (4-point scale) • Rewards for Prosocial Involvement (4-point scale) 	<ul style="list-style-type: none"> • Opportunities for Prosocial Involvement (4-point scale) • Rewards for Prosocial Involvement (4-point scale)
Family Domain	Peer-Individual Domain
<ul style="list-style-type: none"> • Attachment (4-point scale) • Opportunities for Prosocial Involvement (4-point scale) • Rewards for Prosocial Involvement (4-point scale) 	<ul style="list-style-type: none"> • Religiosity (4-point scale) • Social Skills (4-point scale) • Belief in the Moral Order (4-point scale)

researchers involved in similar projects in other states, and the needs of end users (i.e., prevention planners), the decision was made to present the data in terms of the percent of youth whose scores were elevated on the various risk and protective factor scales.

The identification of youth with elevated scores on the risk and protective factor scales required the determination of “cut points” for each scale (i.e., the point at which scores would be considered to be “high” for the scale). The first step in determining risk factor cut points required identification of a group of students whose ATOD and antisocial behaviors were the negative outcomes targeted by prevention

programs. In consultation with representatives from the Virginia DMHMRSAS, the researchers defined this group as youth who had two or more of the following outcomes:

- Any alcohol in the past 30 days;
- Any use of cigarettes in the past 30 days;
- Any use of marijuana in the past 30 days;
- Any use of cocaine in the past 30 days;
- Any use of inhalants, methamphetamines, psychedelics, or other drugs in the past 30 days;
- Any use of smokeless tobacco in the past 30 days;
- Arrested in the past year;
- Attacked another person with the intent to seriously harm in the past year;
- Carried a handgun in the past year;
- Took a handgun to school in the past year;
- Stole/tried to steal a motor vehicle in the past year; and/or
- Sold illegal drugs in the past year.

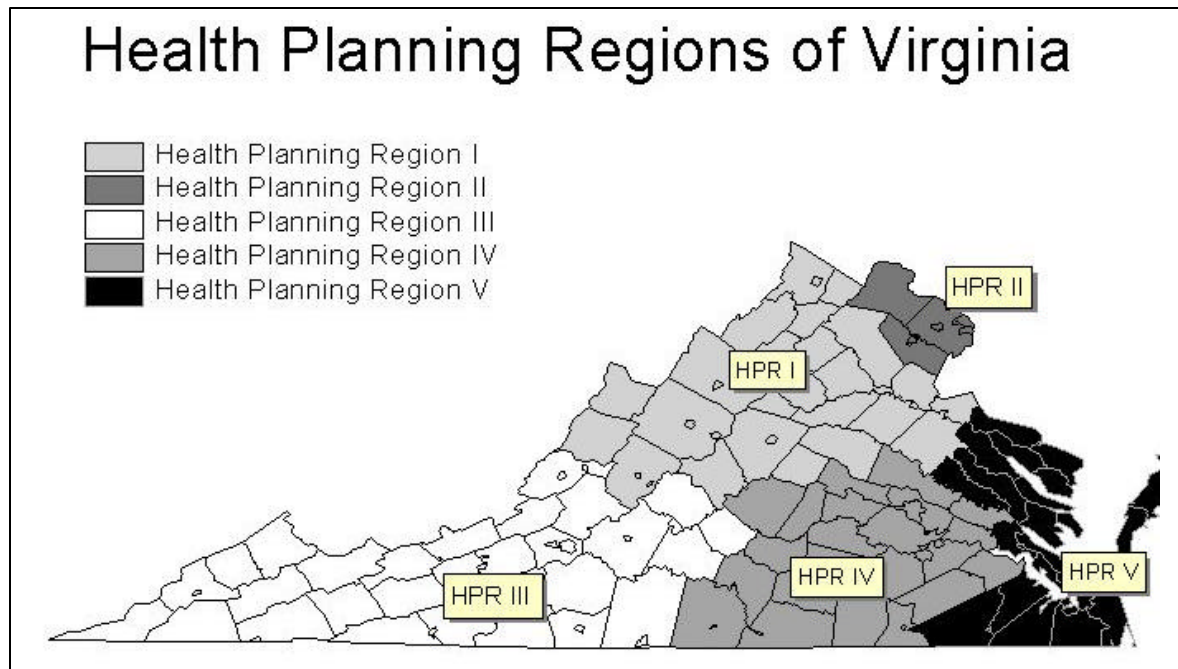
Thirty-five percent of 8th-grade youth, 47 percent of 10th-grade youth, and 63 percent of 12th-grade youth were included in the above group. Risk factor cut points were then set as weighted medians for each of the risk factor scale results for this group of youth. Cut points for risk factors are included in [Appendix 5](#).

To determine the protective factor cut points, a second group of youth was identified whose scores were elevated on more than three risk factors but who, nevertheless, did not have any negative ATOD outcomes within the previous 30 days, or any of the above six antisocial outcomes within the prior year. The decision for selecting this group of students to define protective factor cut points was based on the literature and conceptual framework for the needs assessment study, (i.e., a marked increase in ATOD use is evident among youth with more than three risk factors; and protective factors buffer or mitigate risks). The group used to determine protective factor cut points included 32 percent of 8th-grade youth, 34 percent of 10th-grade youth and 23 percent of 12th-grade youth. The weighted median scores on protective factor scales for this group were used as cut points for the various protective factors. The cut points for protective factors are included in [Appendix 5](#).

Following the establishment of cut points for each of the risk and protective factor scales, weighted percentages of youth with elevated risk and protective factor scale scores were computed for each grade level, for the Commonwealth as a whole, for urban and rural areas, and for HPRs I-IV.

3. FINDINGS

This section presents the findings from the Virginia Community Youth Survey including respondent demographics, ATOD prevalence, prevalence of antisocial behaviors, and prevalence of risk and protective factors. Commonwealth-wide prevalence estimates are reported, along with urban and rural and HPR prevalence estimates, for middle and high school-age youth in Virginia.¹ A map identifying Virginia's Health Planning Regions is presented below.

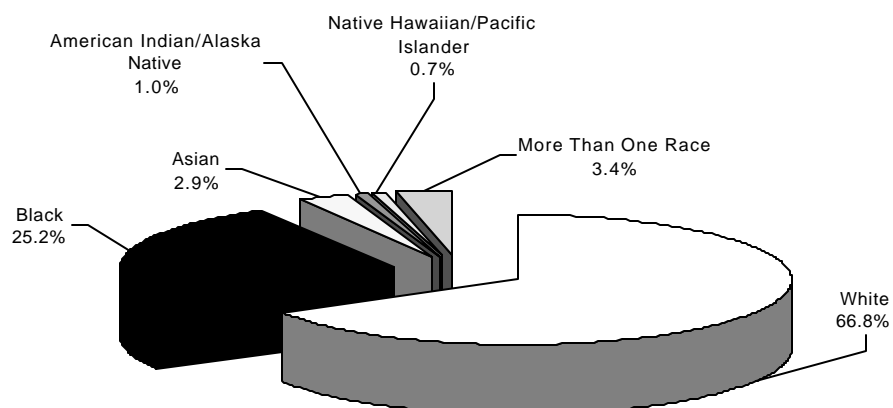


3.1 YOUTH DEMOGRAPHICS

The demographics of the survey sample reflect those of school-age youth in Virginia. Nearly half the youth (48%) in the Virginia survey sample were male. They were predominately non-Hispanic (89.6%), and most spoke English at home (93.4%). However, a few (3.7%) indicated that Spanish or some other language (2.9%) was most frequently spoken at home. Youth were predominately white (66.8%), although a quarter of them were black (25.2%). Youth reporting they were more than one race comprised 3.4 percent of the sample, Asian (2.9%), American Indian or Alaskan Native (1%), and Native Hawaiian or Other Pacific Islander (0.7%). Exhibit 3.1-1 below depicts the racial identities reported by the surveyed youth.

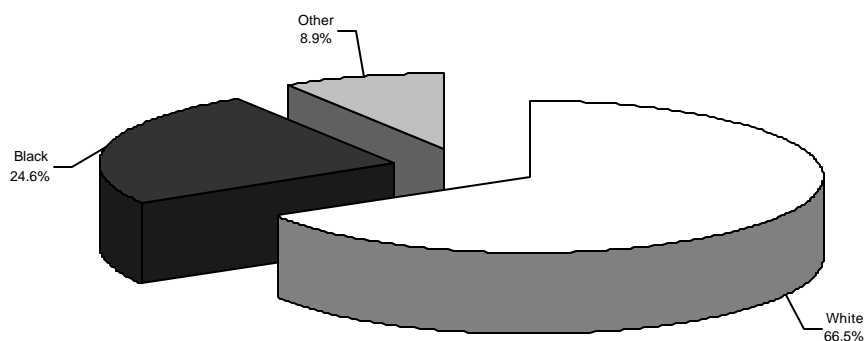
¹ As discussed in the previous Methodology section (2.5.2), survey data were not available for the higher population density areas of HPRV. A data imputation process was used to compensate for the missing data. However, the precision of the statewide and urban prevalence estimates is limited as a result of the nonparticipation in the survey by the higher population density areas of HPRV. The estimates for the rural areas of the Commonwealth and for HPRs I, II, III, and IV are not affected by the missing data.

Exhibit 3.1-1
Racial Identities Reported by Survey Sample Youth



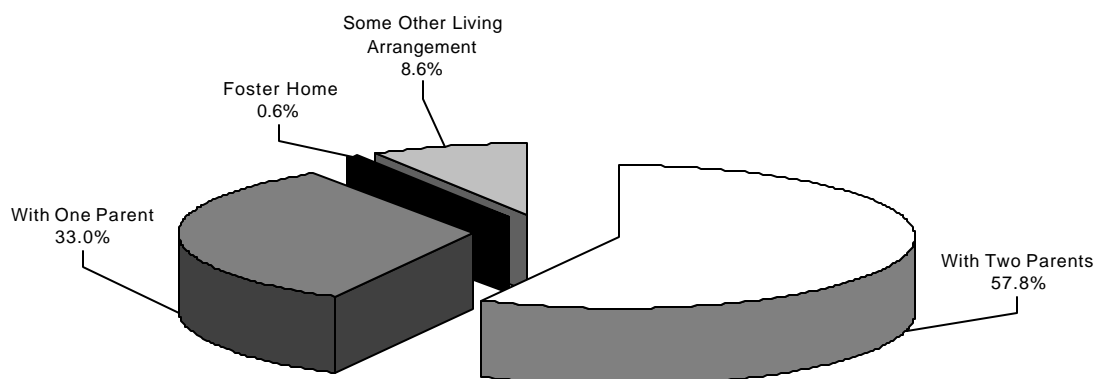
Demographic data categories reported by the Virginia Department of Education (DoEd) for school enrollment in 2000 are not identical to the categories used in the Virginia Community Youth Survey (e.g., school enrollment data do not include the category “more than one race”). However, the similarity between the survey sample and school-age youth in Virginia is evident when comparing Exhibits 3.1-1 and 3.1-2.

Exhibit 3.1-2
Racial Identities for Grades 8, 10, and 12
Virginia DoEd Fall 2000 Enrollment



Respondents in this study reported several kinds of living arrangements. More than half the respondents (57.8%) indicated that they lived with two parents (a mother or stepmother and a father or stepfather), while one third (33%) of the youth lived only with one parent. Only a few (less than 1%) of the youth lived in a foster home, and less than 10 percent reported some other living arrangement (e.g., grandparent, other relation, other adult). (See Exhibit 3.1-3.)

Exhibit 3.1-3 Living Arrangement of Youth



3.2 PREVALENCE OF ATOD USE

The survey included a series of questions about lifetime and past 30-day ATOD use. Questions covered the use of alcohol, cigarettes, smokeless tobacco, marijuana, psychedelics, cocaine or crack, inhalants, methamphetamines, and other drugs, as well as binge drinking² in the past 2 weeks. This section presents the findings from these questions.

Following a presentation of ATOD use reported by Virginia youth, three sets of comparisons are presented:

1. Comparisons with a national sample of 8th, 10th, and 12th grade youth who participated in the *Monitoring the Future* (MTF) Survey;
2. Comparisons between urban and rural middle and high school survey results in Virginia; and
3. Comparisons between middle and high school youth in four of the five Health Planning Regions (HPRs) in Virginia. (Estimates are not available for youth in HPR V because a sufficient sample size was not obtained in that area).

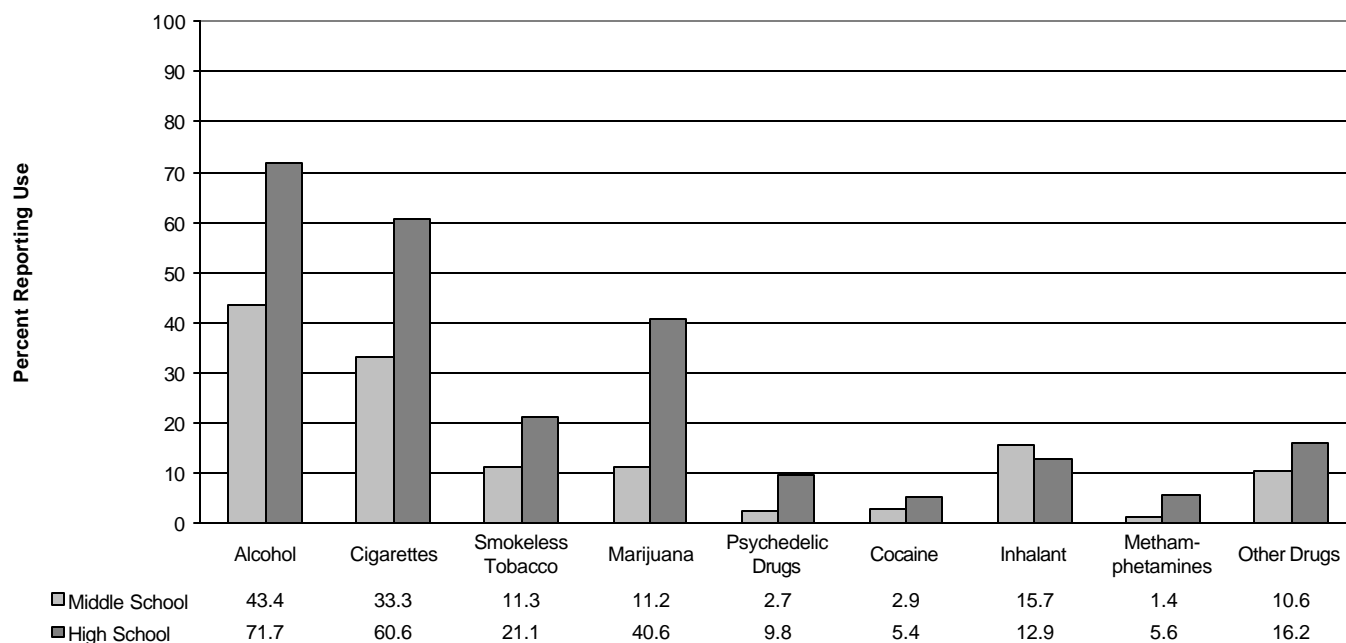
3.2.1 Lifetime Prevalence of ATOD Use

Exhibit 3.2-1 presents Virginia youth's reporting of any ATOD use in their lifetime.

Alcohol was the most commonly reported substance used among the Virginia youth surveyed, and use by high school-age youth (71.7%) exceeded that of middle school youth (43.4%). The second most common substance use reported among both middle and high school youth was cigarette use, with 60.6 percent of high school youth and 33.3 percent of middle school youth reporting some cigarette use. An additional 21.1 percent of high school and 11.3 percent of middle school youth reported using smokeless tobacco.

² Binge drinking is defined as 5 or more drinks on one occasion.

Exhibit 3.2-1 Any Lifetime ATOD Use Prevalence in Virginia Middle School and High School



Marijuana was the third most commonly used substance among high school youth (40.6%) and the fourth most commonly used substance among middle school youth (11.2%). Lifetime inhalant use was the third most frequently reported ATOD use among middle school youth (15.7%). However, among high school youth, inhalants were one of the least reported substances.

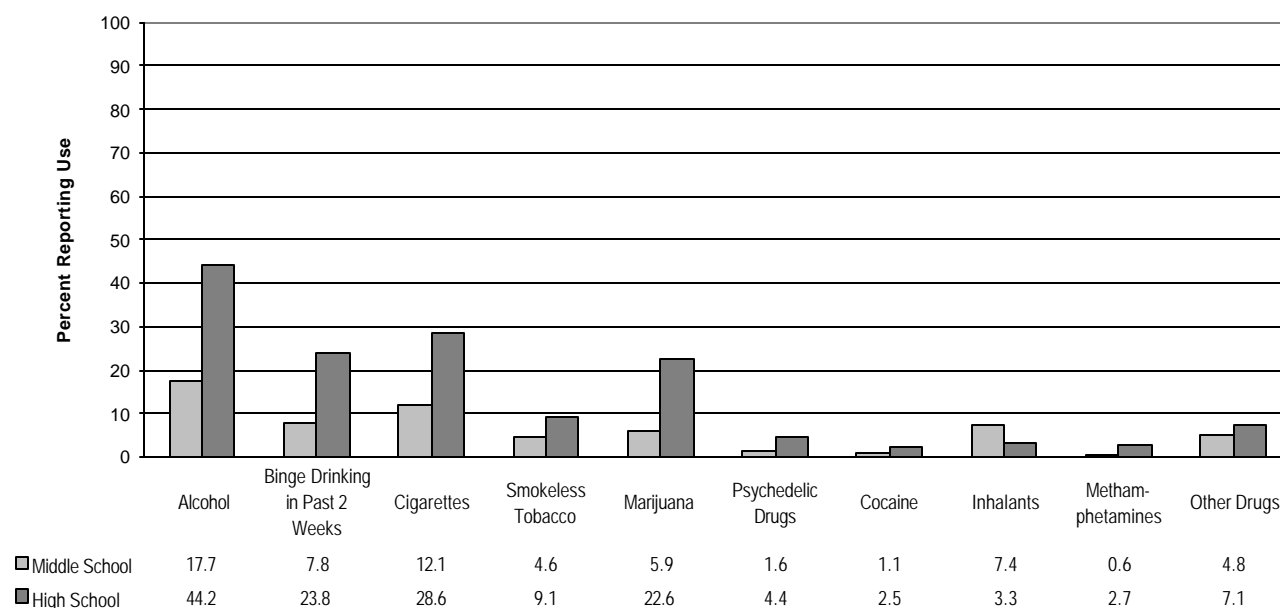
Less than 10 percent of high school youth and less than 3 percent of middle school youth reported any lifetime use of psychedelic drugs, cocaine, or methamphetamines. Just under 10 percent of high school youth reported lifetime use of psychedelics, and a little more than 5 percent reported use of cocaine/crack and methamphetamines. For middle school youth, less than 3 percent reported any lifetime use of cocaine or psychedelics and less than 2 percent reported methamphetamine use.

The survey included one item on “other drugs” to provide insight into the use of any drugs not specified in the survey instrument (e.g., prescription drug abuse, new street drugs or opiates). Among high school youth in Virginia, 16.2 percent reported lifetime use of drugs other than alcohol, tobacco, marijuana, psychedelics, cocaine, inhalants or methamphetamines, while 10.6 percent of middle school youth reported the use of “other drugs.”

3.2.2 Recent ATOD Use

The proportion of Virginia middle and high school youth reporting any ATOD use in the 30 days prior to completing the survey is shown in Exhibit 3.2-2. Prior 30-day use may be a better measure of problem behavior than lifetime use because it is more

Exhibit 3.2-2 Past 30-Day ATOD Use Prevalence in Virginia Middle School and High School



likely to tap into regular use than lifetime use does. Moreover, lifetime use may be subject to youth reporting unusual events, such as tasting a drink at a family dinner or trying a cigarette only one or two times and never smoking again.

Alcohol was the most commonly reported recent ATOD use among both high school (44.2%) and middle school (17.7%) youth. Almost one quarter of high school youth (23.8%) and 7.8 percent of middle school youth reported binge drinking in the 2 weeks prior to the survey. The second most commonly used substance was cigarettes, with 28.6 percent of high school youth and 12.1 percent of middle school youth reporting use within the past 30 days. An additional 9.1 percent of high school and 4.6 percent of middle school youth reported recent smokeless tobacco use.

Marijuana was the third most commonly reported recent ATOD use among high school youth (22.6%) and the fourth most common among middle school youth (5.9%). Inhalant use was the third most common report of recent ATOD use among middle school youth (7.4%) while it was one of the least reported substances used by high school youth (3.3%).

Less than 5 percent of high school youth and less than 2 percent of middle school youth reported recent use of psychedelic drugs, cocaine, or methamphetamines. Use of psychedelic drugs in the previous 30 days was reported by 4.4 percent of high school and 1.6 percent of middle school youth; recent use of cocaine was reported by 2.5 percent of high school and 1.1 percent of middle school youth; and 2.7 percent of high school and 0.6 percent of middle school youth reported recent methamphetamine use.

Drugs other than those specified above were reported in the generic category of “other drugs.” Among high school youth, 7.1 percent reported the recent use of other

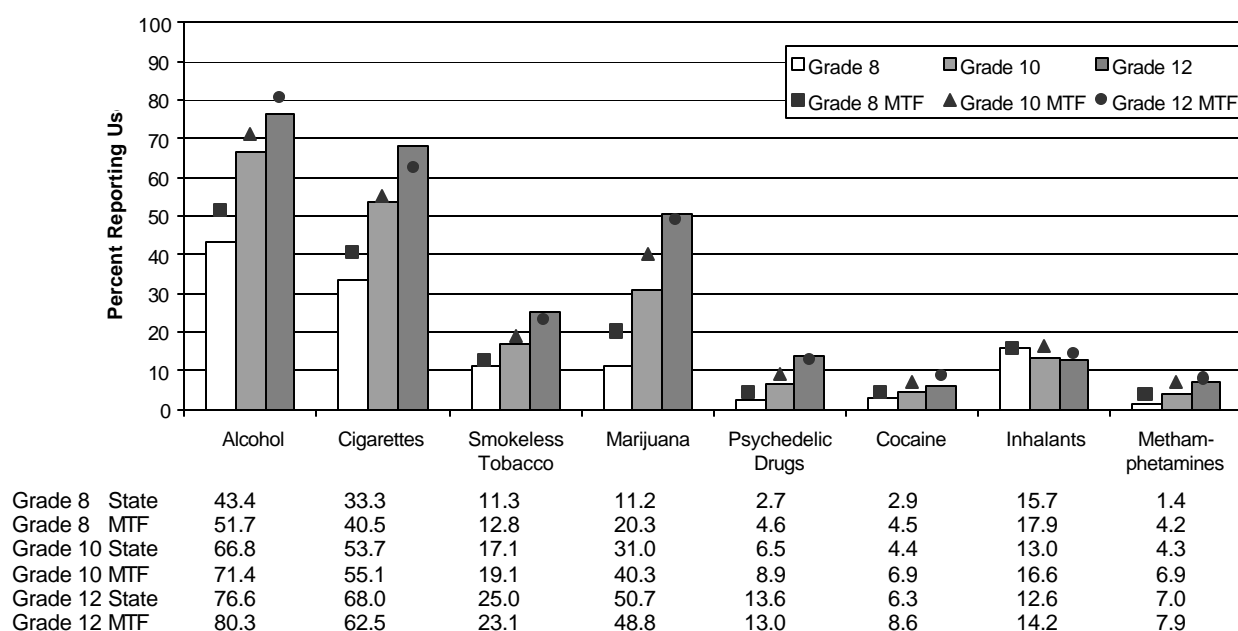
drugs in the 30 days prior to the survey; 4.8 percent of middle school youth reported the recent use of other drugs.

3.2.3 Virginia Youth ATOD Use As Compared to a National Sample

Survey results for 8th, 10th, and 12th graders participating in the Virginia Community Youth Survey were compared to the results of the *Monitoring the Future* Survey (MTF),³ a national survey of ATOD use. The ATOD use items in the Virginia survey mirror the items in MTF with reports of both lifetime use (at least once during a respondent's lifetime) and recent use (at least once during the month preceding the survey).

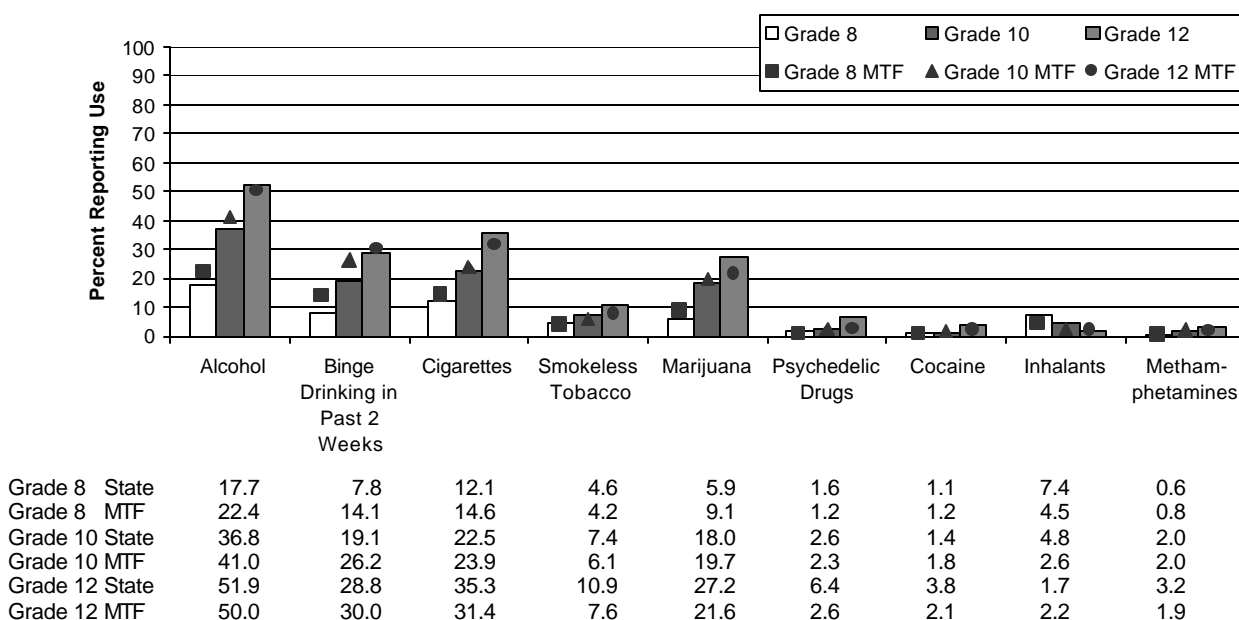
Exhibits 3.2-3 and 3.2-4 present comparisons for both lifetime and recent ATOD use for 8th, 10th, and 12th grade youth. When compared to the national MTF sample of youth, Virginia youth generally reported both lower lifetime and past 30-day use of alcohol, except for 12th graders, who reported about the same past 30-day alcohol use (51.9%) as the national sample (50%).

Exhibit 3.2-3
Any Lifetime ATOD Use
Virginia and Nationwide (MTF) Comparisons
Grades 8, 10, and 12



³The *Monitoring the Future Survey* is conducted by the University of Michigan's Institute for Social Research and funded by the National Institute on Drug Abuse at the National Institutes of Health. It has tracked 8th, 10th, and 12th graders across the Nation since 1991. The sample only includes youth in school and the survey is a self-administered questionnaire administered by university personnel (non-classroom teachers). It also was selected over other national data sources (e.g. the Household Survey) as a comparison because it most resembled the Virginia Community Youth Survey in sample selection, administration process, and ATOD use items. 2000 data were used for comparisons in this report.

Exhibit 3.2-4
Past 30-Day ATOD Use
Virginia and National (MTF) Comparisons
Grades 8, 10, and 12



Virginia youth reported a slightly higher rate of recent smokeless tobacco use in each of the sampled grades. These differences were most notable in reference to recent use of smokeless tobacco by 12th grade youth (10.9% of Virginia's 12th grade youth compared to 7.6% of youth in the national sample).

Marijuana use for Virginia youth mirrors the national sample with some slight differences. Both 8th and 10th grade youth in Virginia's use of marijuana was lower than the national average for recent and lifetime use. For Virginia youth in the 12th grade, lifetime and past 30-day use was slightly higher than the national average.

Lifetime inhalant use also was consistently lower in Virginia than nationally for youth in grades 8 and 10. However, past 30-day use of inhalants was slightly larger for Virginia's 8th and 10th grade youth (7.4% and 4.8% respectively for Virginia's 8th and 10th grade youth, and 4.5% and 2.6% for the national sample of 8th and 10th graders). Twelfth grade lifetime inhalant use in Virginia was a little lower (12.6%) than the national level of 14.2 percent, and past 30-day use for Virginia's 12th graders was 1.7 percent—less than 12th graders nationwide (2.2%).

The Virginia sample of 8th and 10th grade youth mirrors the national sample in recent use of psychedelic drugs, cocaine, and methamphetamines with reported use of these substances among less than 3 percent of those surveyed. Virginia's 12th grade youth reported higher rates of recent psychedelic, cocaine, and methamphetamine use than the national sample with the most notable difference in recent use of psychedelics (6.4% of Virginia's 12th grade youth compared to 2.6% of the national sample).

3.2.4 Urban and Rural ATOD Use

Exhibits 3.2-5–3.2-8 present urban and rural lifetime and recent ATOD use among middle and high school youth in Virginia. Patterns of ATOD use are similar for the two groups, with alcohol being the most frequently reported substance used. Although a greater percentage of rural youth than urban youth reported lifetime and recent alcohol use at both the middle school and high school levels, the differences were small.

Recent use of tobacco products was greater among rural middle and high school youth relative to their urban counterparts. Any lifetime use of cigarettes was almost equal between urban and rural high school youth (60.5% and 60.9%), but recent use was greater for rural high school youth (33.3%) than for urban high school youth (27.5%). The difference between rural and urban cigarette use was most notable among middle school youth. Rural middle school youth reported higher use of cigarettes for both lifetime (45.4% versus 30.5%) and past 30-day use (18.9% versus 10.5%). Rural middle school and high school youth reported greater use of smokeless tobacco than their urban counterparts for both lifetime and past 30-day use. More than one out of five of the rural middle school youth (23.1%) reported any lifetime use of smokeless tobacco, while less than one in ten (8.5%) of the urban youth reported any smokeless tobacco use in their lifetime. Three times as many rural high school youth (19.8%) as urban high school youth (6.4%) reported recent smokeless tobacco use. Both lifetime and recent use of marijuana among rural middle school youth (14.7% and 8.9%) was slightly greater than among urban middle school youth (10.4% and

Exhibit 3.2-5
Any Lifetime ATOD Use
Urban and Rural Middle School

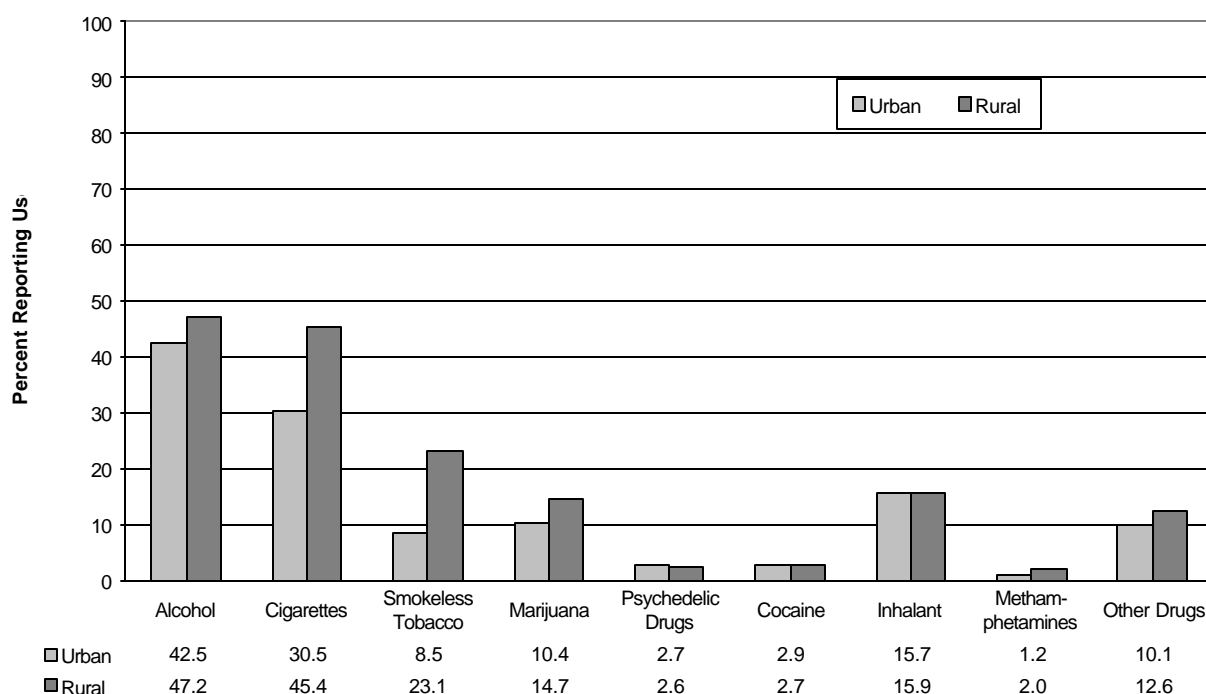


Exhibit 3.2-6
Any Lifetime ATOD Use
Urban and Rural High School

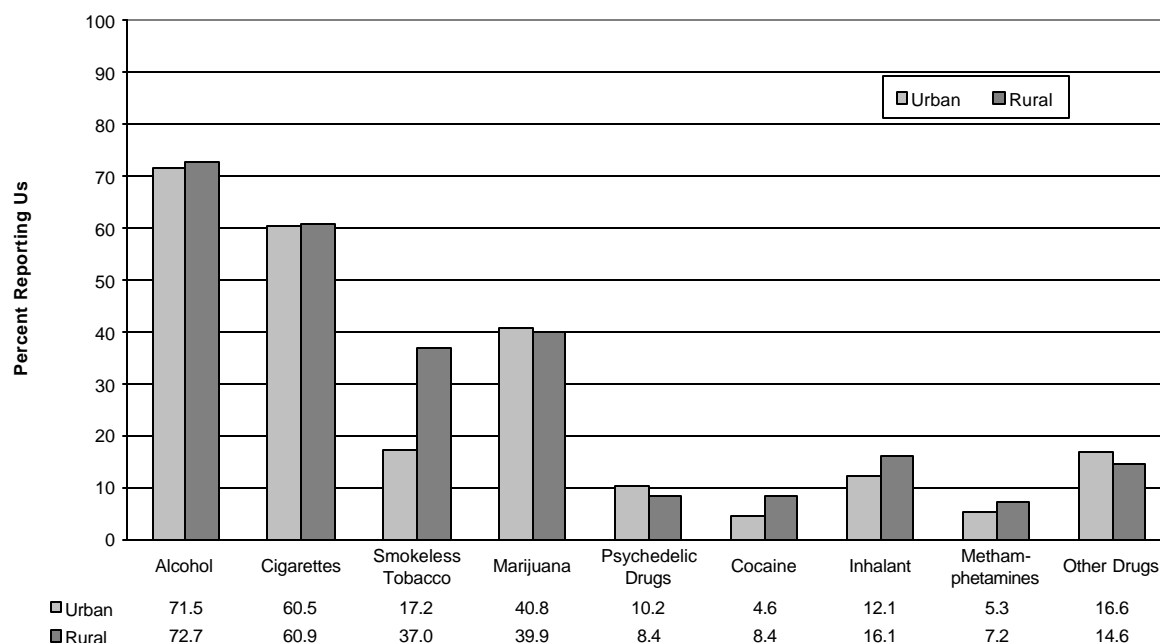


Exhibit 3.2-7
Past 30-Day ATOD Use, Urban and Rural Middle School

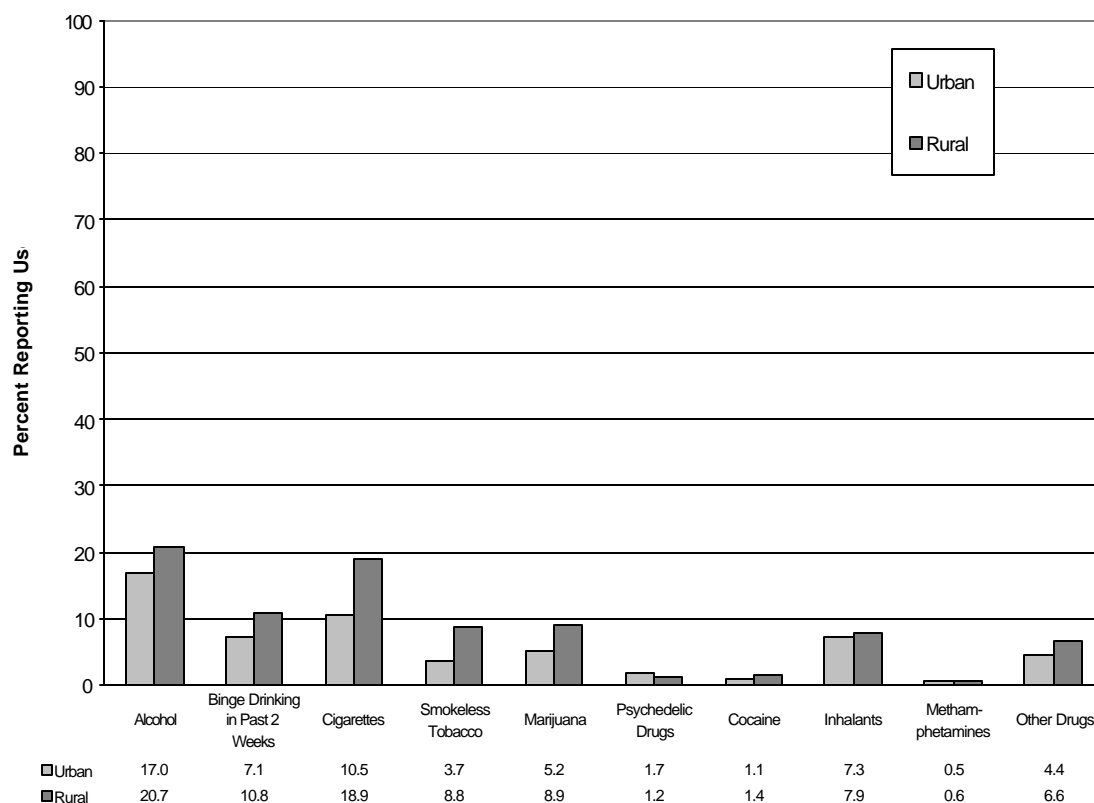
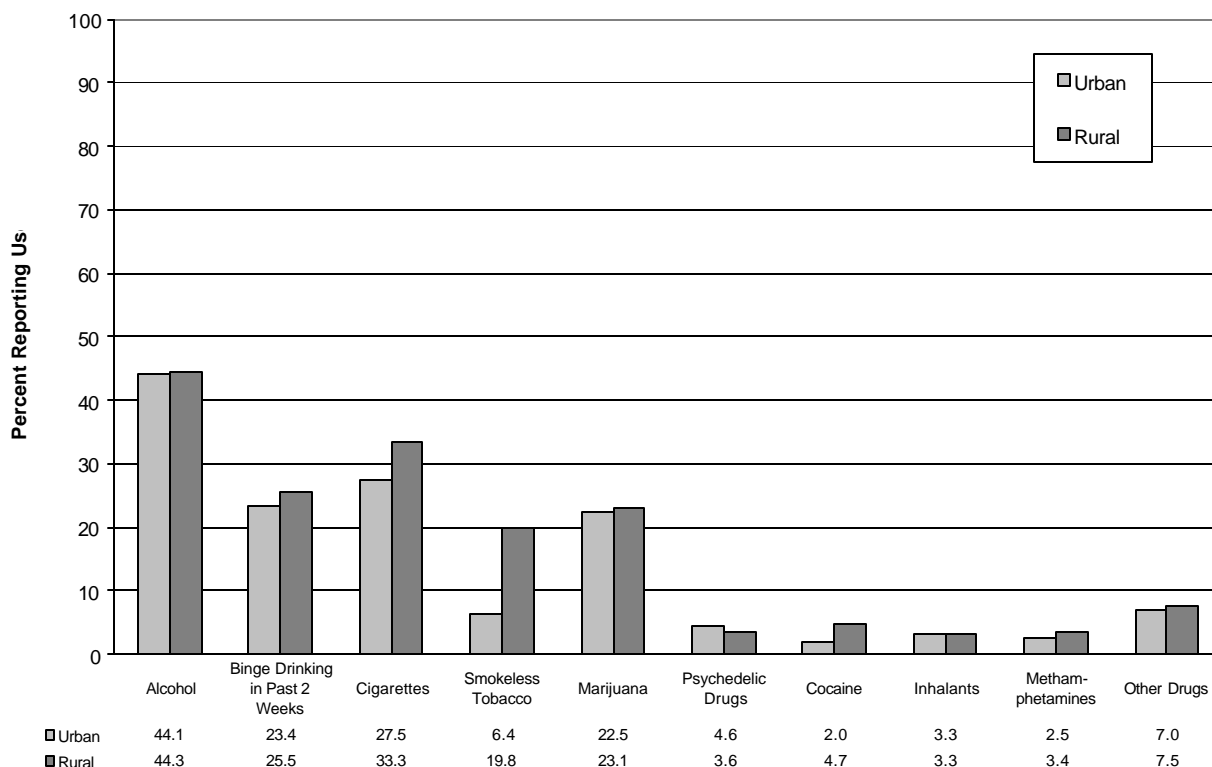


Exhibit 3.2-8 Past 30-Day ATOD Use, Urban and Rural High School



5.2%). However there was little difference between rural and urban marijuana use among high school youth (e.g., 40.8% of urban high school youth and 39.9% of rural high school youth reported any lifetime use of marijuana). There also was little difference between both rural and urban middle school or rural and urban high school youth for any lifetime or recent 30-day inhalant or psychedelic drug use.

At the middle school level, both rural and urban middle school youth reported about the same use of cocaine (1.4% and 1.1%, respectively, for recent use and 2.7% and 2.9% for any lifetime use). At the high school level, rural youth reported slightly more lifetime and past 30-day use of cocaine (8.4% versus 4.6% for any lifetime use, and 4.7% versus 2% for recent use). Methamphetamine use also was similar between rural and urban Virginia youth, though a slightly larger percentage of rural youth reported methamphetamine use than did urban youth (e.g., 7.2% of rural high school youth reported any lifetime use of methamphetamine compared to 5.3% of urban high school youth).

3.2.5 ATOD Use Within Virginia's Health Planning Regions (HPR)

Exhibits 3.2-9–3.2-12 present any lifetime and recent ATOD use among middle and high school youth in four of Virginia's five HPRs. The inability to survey a sample of youth from the more urban areas of HPR V precluded estimations of ATOD use for that area.

Exhibit 3.2-9 Lifetime ATOD Use, Middle School Health Planning Regions I, II, III, and IV with Virginia Comparisons

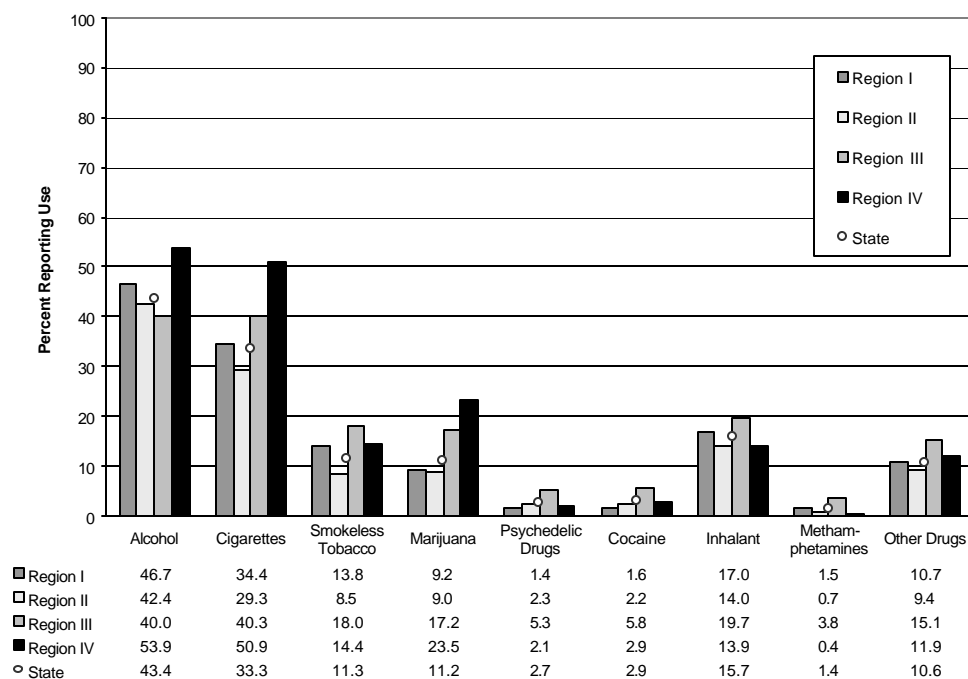


Exhibit 3.2-10 Lifetime ATOD Use, High School Health Planning Regions I, II, III, and IV with Virginia Comparisons

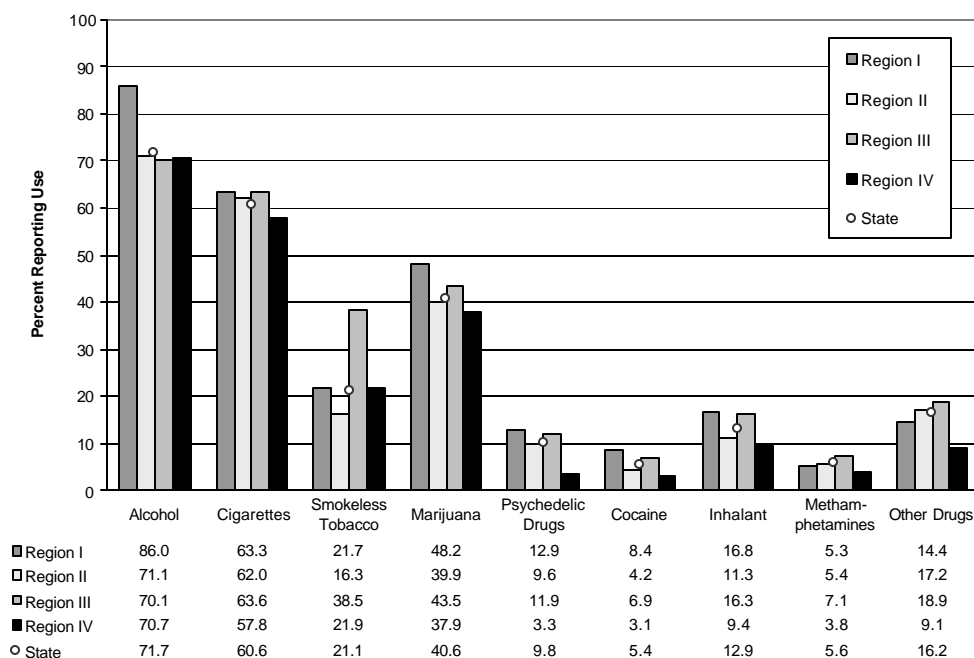


Exhibit 3.2-11
Past 30-Day ATOD Use, Middle School
Health Planning Regions I, II, III, and IV with Virginia Comparisons

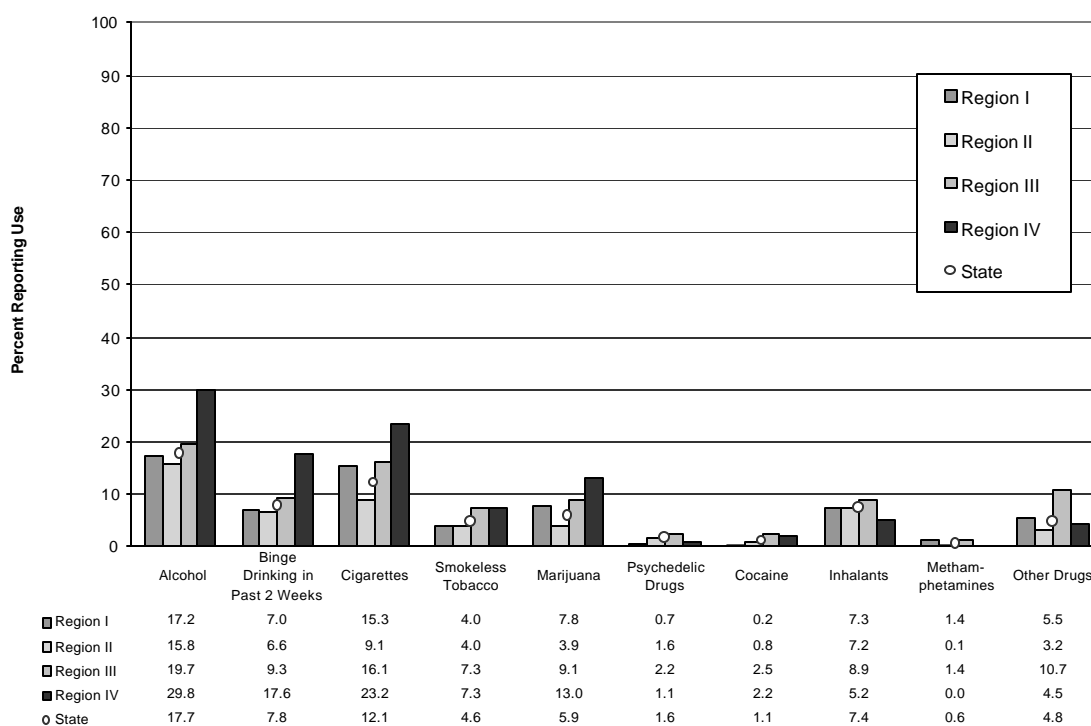
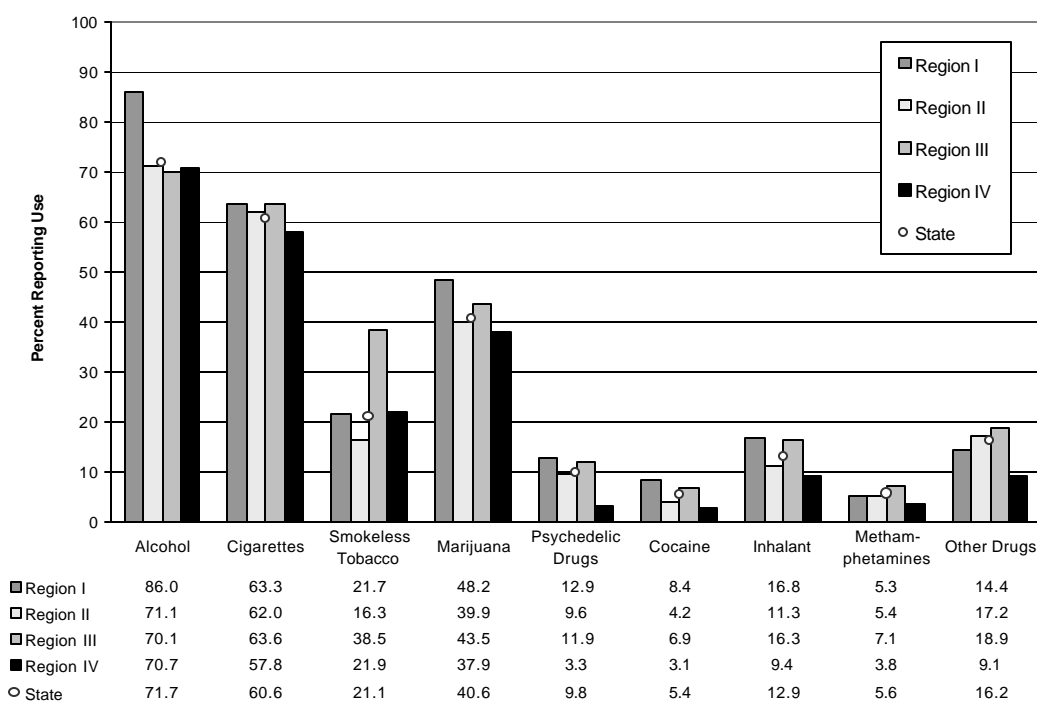


Exhibit 3.2-12
Past 30-Day ATOD Use, High School
Health Planning Regions I, II, III, and IV with Virginia Comparisons



Patterns of ATOD use are similar within each of the four HPRs, with alcohol being the most commonly reported ATOD use among both middle and high school youth. Again the second most common substance use reported among both middle and high school youth was cigarettes. For high school youth across the regions, marijuana was the third most commonly reported substance use.

Both lifetime and recent use of smokeless tobacco in HPR III is notably higher than the other regions' reports of smokeless tobacco use among high school youth (e.g., 38.5% for lifetime use and 17.4% for 30-day use for HPR III high school youth compared to 21.9% and 11.7%, the greatest lifetime and past 30-day use, respectively, for any other HPR). This difference is minimal when comparing reports of recent smokeless tobacco use among middle school youth.

Middle school youth in HPR IV report higher rates of both lifetime and recent alcohol and cigarette use than their counterparts in the other three HPRs. However, this difference reverses in high school with HPR IV youth actually reporting the lowest rates of recent alcohol use among the regions (37.1% for HPR IV high school youth versus 50.8%, 44.8% and 43.7% for HPRs I, II, and III). Reported rates of recent alcohol use in HPRs I–III increase by more than 20 percentage points between middle and high school (e.g., HPR I increases from 17.2% of middle school youth reporting recent alcohol use to 50.8% of high school youth reporting recent use). In contrast, HPR IV rates of recent alcohol use increase by less than 10 percent (from 29.8% of middle school youth reporting recent use to 37.1% of high school youth reporting recent use). The result is that HPR IV high school youth report the lowest rate of recent alcohol use. The same pattern appears for cigarette and marijuana use, where HPR IV middle school youth report the highest rates among their counterparts in other HPRs of recent use; while high school youth in HPR IV report the lowest rates of recent use among their counterparts in other regions.

Both patterns and rates of use of psychedelic drugs, cocaine, inhalants, methamphetamines, and other drugs are generally similar across the regions. The only notable differences are reports of any lifetime use of inhalants or psychedelic drugs, which are appreciably lower for high school youth in Region IV.

3.3 PREVALENCE OF ANTISOCIAL BEHAVIOR

In addition to ATOD use, The Virginia Community Youth Survey instrument included questions related to eight antisocial behaviors. The survey question asked how many times in the past year the youth had:

- Been suspended from school;
- Carried a handgun;
- Sold illegal drugs;
- Stolen or tried to steal a motor vehicle such as a car or a motorcycle;
- Been arrested;
- Attacked someone with the idea of seriously hurting them;

- Been drunk or high at school; and/or
- Taken a handgun to school.

Youth had the option of indicating anywhere from “never” to 40+ times for each of the above behaviors. For the purpose of this analysis, antisocial behaviors are reported as “any” or “none” for each behavior. This section presents the findings on antisocial behaviors among middle and high school youth in Virginia; comparisons between urban and rural middle and high school findings; and comparisons between the findings in each of four Virginia HPRs.⁴

3.3.1 Commonwealth-wide Prevalence Estimates of Antisocial Behavior

Exhibit 3.3-1 presents the results from questions about antisocial behavior for middle and high school youth in Virginia. The three most commonly reported antisocial behaviors in the past year for both middle and high school youth in Virginia were having been drunk or high at school; suspended from school in the past year; and having attacked someone with the idea of seriously hurting them. For high school youth, the most common antisocial behavior was having been drunk or high at school in the prior year (18.9%), while for middle school youth it was having attacked someone in the past year with the idea of seriously hurting them (15%). Both middle and high school youth reported being suspended from school within the past year as the second most common antisocial behavior.

Almost 9 percent of high school youth reported having sold illegal drugs in the 12 months prior to the survey and 6.7 percent of high school youth reported having been arrested for anything in the prior year. Other antisocial behaviors were reported by less than 5 percent of the middle or high school youth, and fewer than 1 percent of them report having taken a handgun to school in the past year (0.7% of middle school and 0.4% of high school youth).

The most notable difference between middle and high school youth’s report of antisocial behaviors is their report of having been drunk or high at school. While less than one in ten (8%) middle school youth reported this behavior, almost two in ten (18.9%) high school youth reported that they had been drunk or high at school in the prior year.

3.3.2 Urban and Rural Comparisons of Antisocial Behaviors

There was little difference between urban and rural youth at either the middle or high school level on their reports of antisocial behaviors. (See Exhibits 3.3-2 and 3.3-3.)

⁴ Comparative data from a representative national sample are not currently available.

Exhibit 3.3-1 Antisocial Behaviors in the Past Year Prevalence in Virginia Middle School and High School

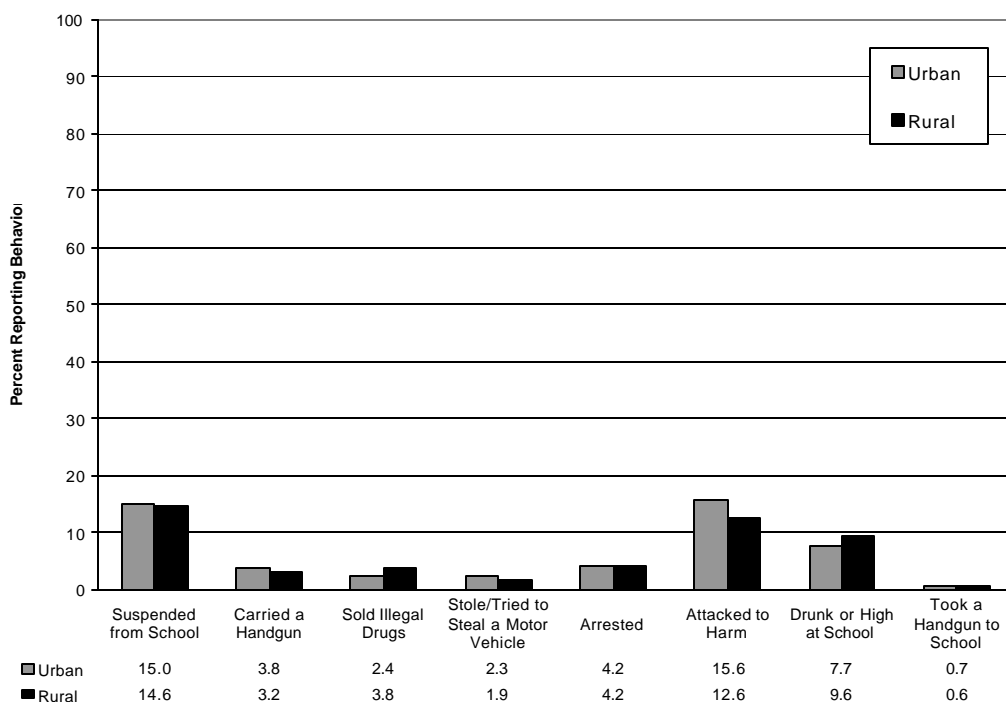


Exhibit 3.3-2 Antisocial Behaviors in the Past Year Urban and Rural Middle School

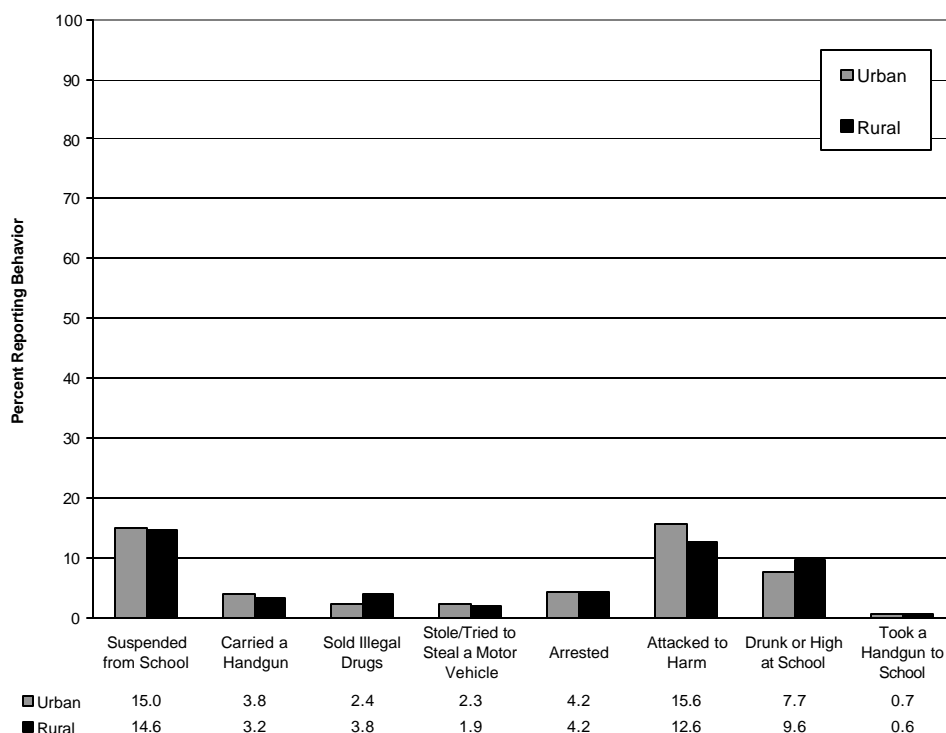
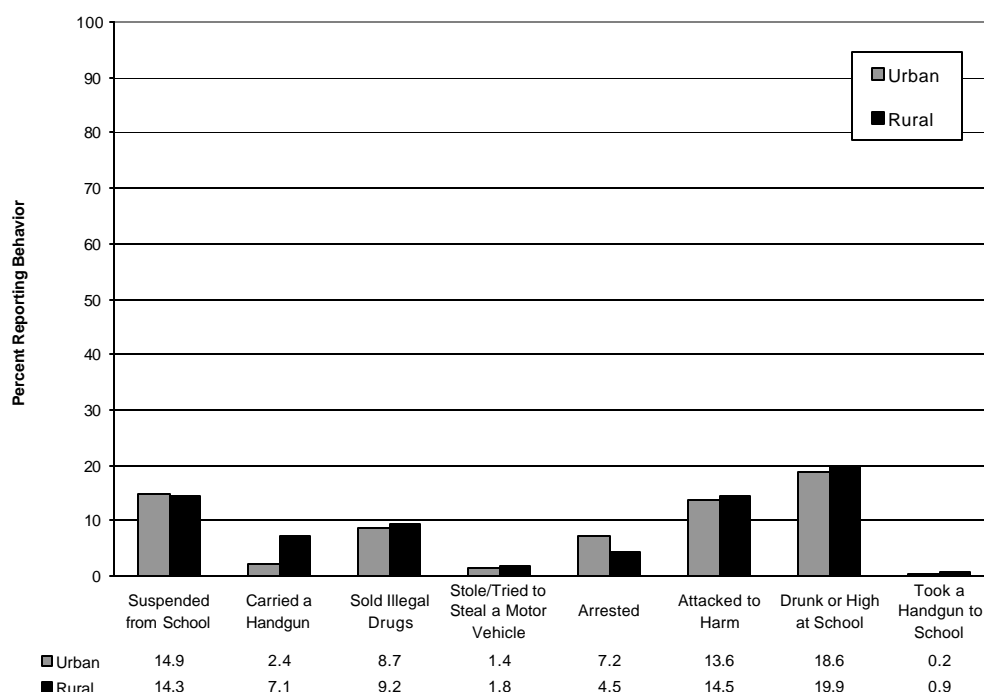


Exhibit 3.3-3 Antisocial Behaviors in the Past Year Urban and Rural High School



Urban high school youth (7.2%) were slightly more likely than their rural counterparts (4.5%) to have been arrested in the past year; while rural high school youth (7.1%) were more likely to have carried a handgun in the past year than were urban high school youth (2.4%). However, there was less difference (0.9% versus 0.2%) in their reports of having taken a handgun to school. There was no appreciable difference between rural and urban middle school youth's reports of either having carried a handgun in the past year (3.2% versus 3.8%) or having taken a handgun to school (0.7% versus 0.6%).

Among middle school youth, urban youth (15.6%) were a little more likely than rural youth (12.6%) to report having attacked someone with the idea of seriously hurting them in the past year. Rural middle school youth (3.8%) were slightly more likely than their urban counterparts (2.4%) to have sold illegal drugs in the past year; and rural youth (9.6%) were a little more likely than urban youth (7.7%) to have been drunk or high at school in the past year.

3.3.3 Regional Comparisons of Antisocial Behaviors

Exhibits 3.3-4 and 3.3-5 present middle and high school youth's reports of antisocial behaviors for four of the five HPRs in Virginia, with the Commonwealth prevalence estimate as a comparison.

Exhibit 3.3-4 Antisocial Behaviors in the Past Year, Middle School Health Planning Regions I, II, III, and IV with Virginia Comparisons

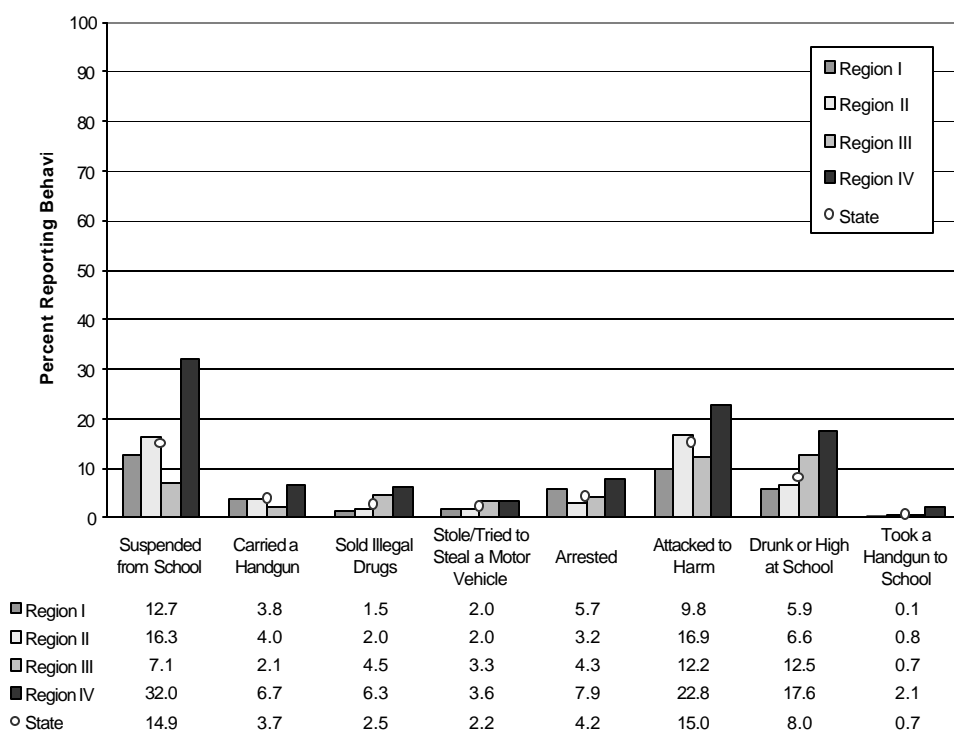
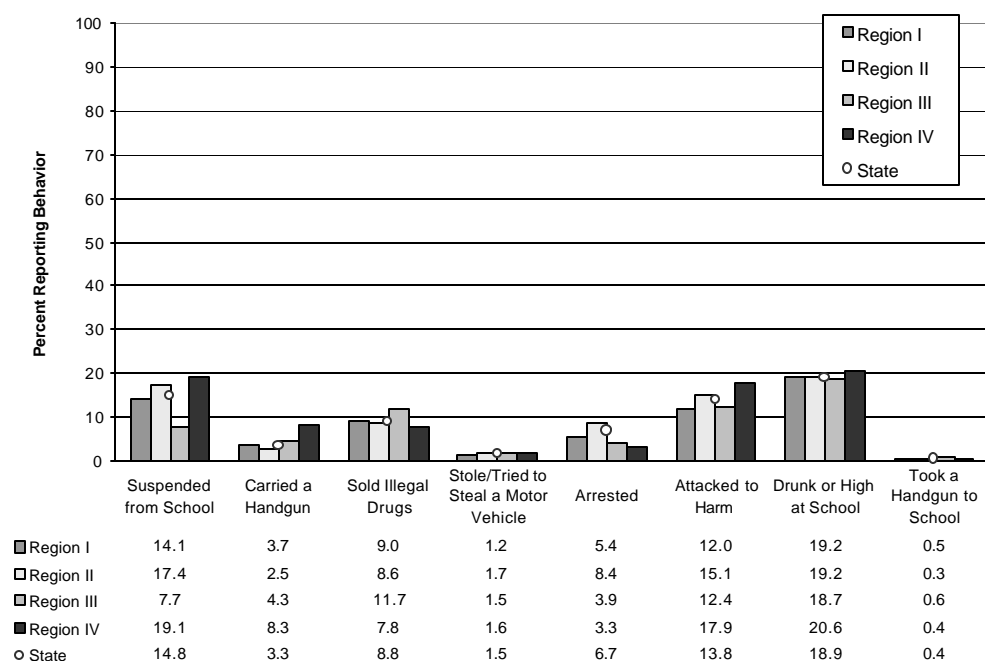


Exhibit 3.3-5 Antisocial Behaviors in the Past Year, High School Health Planning Regions I, II, III, and IV with Virginia Comparisons



As with the urban and rural comparisons, there were more similarities than differences in patterns of antisocial behavior reports across the regions. In all but one region (HPR III), having been suspended from school was the most frequent report of antisocial behavior among middle school youth in the past year. For HPR III middle school youth, the most frequently reported antisocial behavior was having been drunk or high at school (12.5%), while only 7.1 percent reported having been suspended from school.

HPR IV findings reflect a notably higher rate of suspension among middle school youth (32%) than in any other region (16.3%, 12.7%, and 7.1%). This region also had the highest rates for middle school reports of having attacked someone with the intent to harm (22.8%), having been drunk or high at school (17.6%), or having carried a handgun (6.7%). Similar to the reports of ATOD use, HPR IV differences were not as notable from other regions among high school youth. However, even at the high school level, a greater percentage of HPR IV youth reported having carried a handgun (8.3% compared to 4.3%, 3.7%, and 2.5%), or having attacked someone with the intent to harm them (17.9% compared to 15.1%, 12.4% and 12%).

A higher percentage of high school youth in HPR III reported having sold illegal drugs (11.7% compared to 8.6%, 7.8% and 9%), but they had the lowest rates of having been suspended from school (7.7% compared to 14.1%, 17.4% and 19.1%).

3.4 PREVALENCE OF RISK AND PROTECTIVE FACTORS

This section presents risk and protective factor profiles for the Commonwealth of Virginia, for urban and rural areas, and for HPRs I, II, III, and IV.⁵

The Virginia Community Youth Survey includes items that combine to build risk and protective factor scales in each of 4 domains: individual/peer, family, school, and community (See [Appendix 6](#)). Findings are presented as the proportion of youth who had elevated scores on each of the risk and protective factors. Together they create a profile of middle and high school youth's perceptions of risk and protection in each of the domains.

3.4.1 Protective Factor Profiles

Protective factor scales that are included in the Virginia Community Youth Survey fall within four domains (i.e., individual/peer, family, school and community). Exhibits 3.4-1–3.4-4 display the prevalence of each protective factor within each of the four domains for Virginia. From 33 percent to 57 percent of Virginia's youth had elevated scores on the various protective factors scales.

The most prevalent protective factors across the Commonwealth were in the Community Domain, specifically, “community opportunities for prosocial involvement” (54%) and “community rewards for prosocial involvement” (57%). In general, the least prevalent protective factors in the Commonwealth fall within the

⁵ Comparative data from a representative national sample are not currently available.

Exhibit 3.4-1
Elevated Scores for Individual/Peer Domain Protective Factors
Commonwealth-Level Middle School and High School

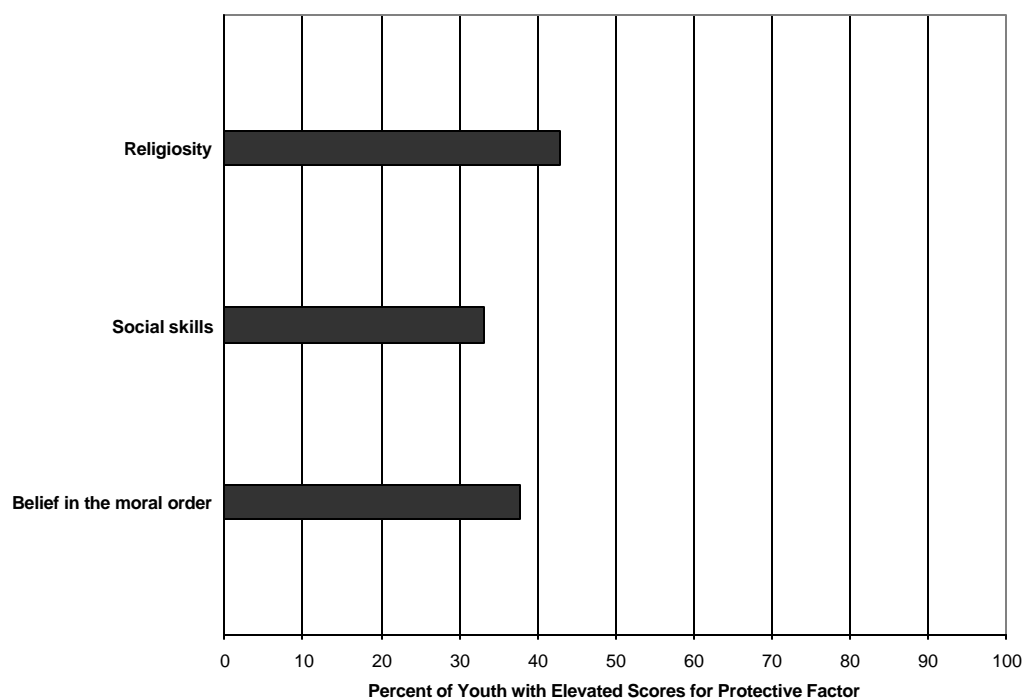


Exhibit 3.4-2
Elevated Scores for Family Domain Protective Factors
Commonwealth-Level Middle School and High School

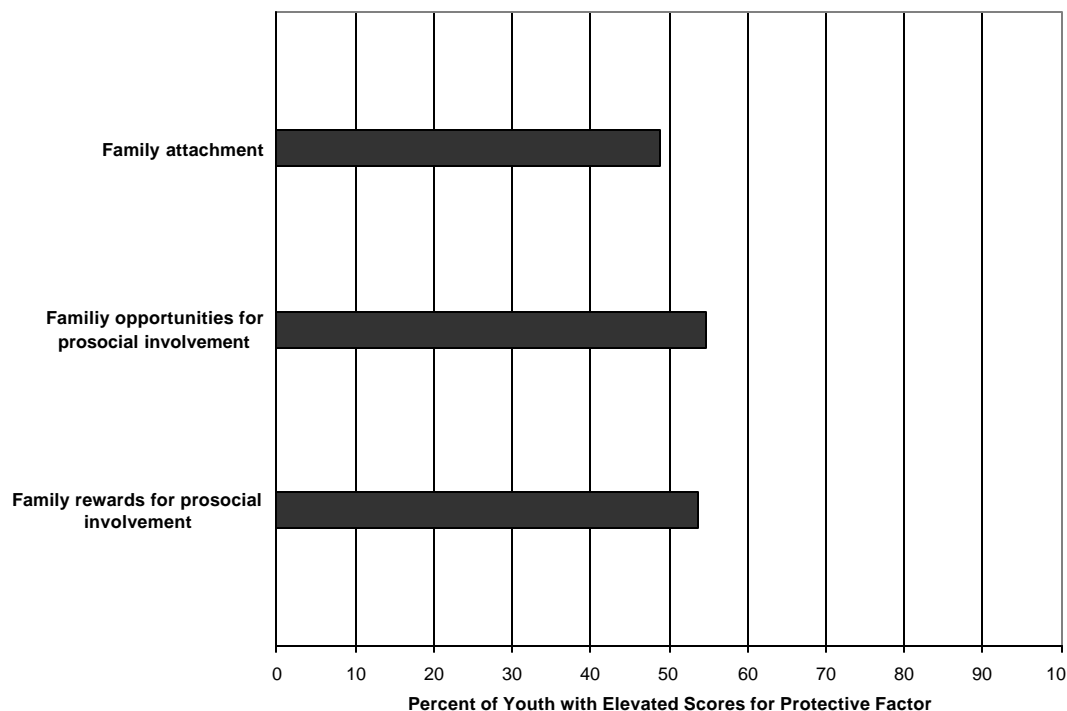


Exhibit 3.4-3
Elevated Scores for School Domain Protective Factors
Commonwealth-Level Middle School and High School

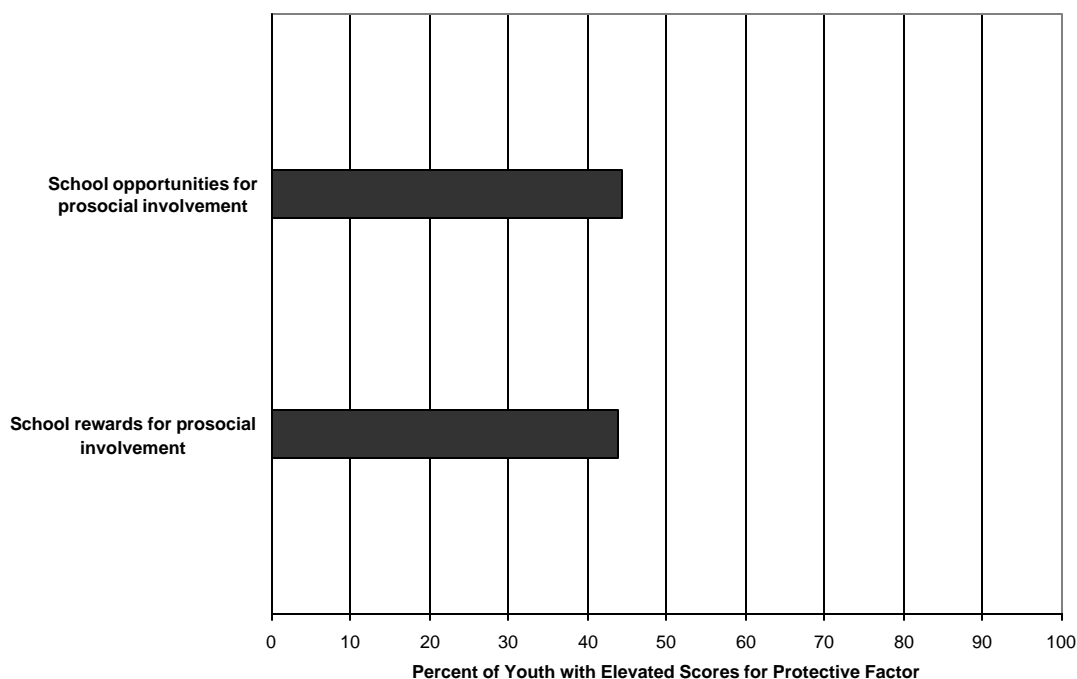
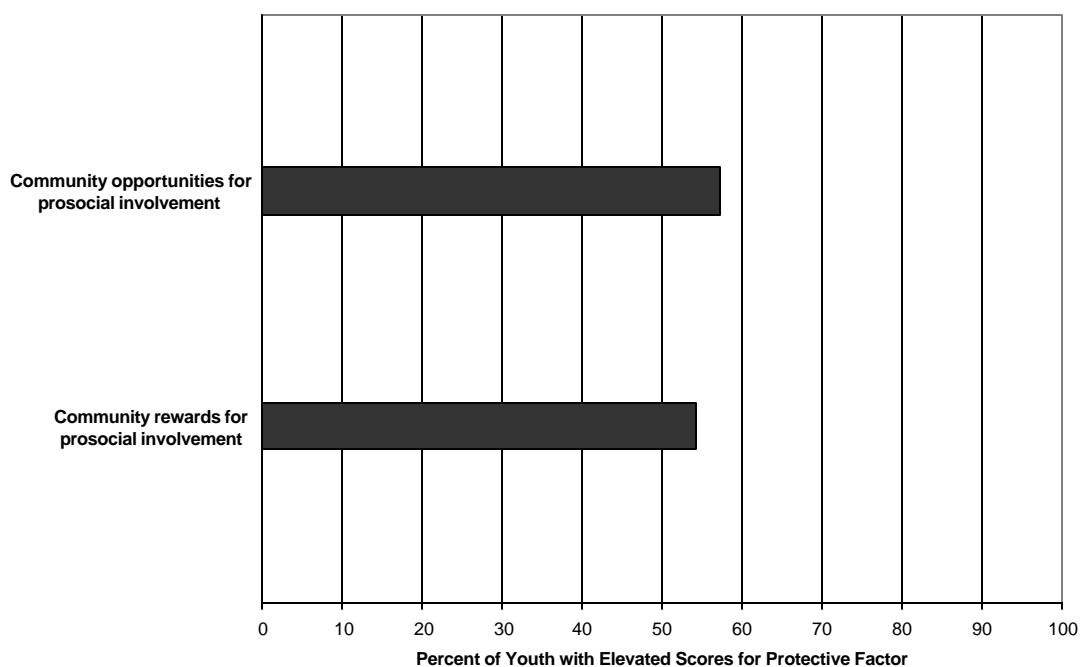


Exhibit 3.4-4
Elevated Scores for Community Domain Protective Factors
Commonwealth-Level Middle School and High School



individual/peer domain with “social skills” the least prevalent Commonwealth-wide protective factor (33%). The Commonwealth-wide profiles can serve as a benchmark for smaller geographic areas of the Commonwealth (e.g., HPR or CSB areas) as they assess the prevalence of protective factors within their communities.

Exhibits 3.4-5 – 3.4-8 provide profiles of protective factors for the urban and rural areas of the Commonwealth. Protective factors in each of the domains are generally more prevalent in the rural areas, with the most notable difference between rural and urban areas occurring in “community rewards for prosocial involvement.” Both “family opportunities for prosocial involvement” and “religiosity” also are appreciably higher for rural Virginia compared to urban Virginia. The most similar protective factor profiles were in the school domain, with little difference between the urban and rural areas for either opportunities or rewards for prosocial involvement.

Protective factors within domains for HPRs I–IV compared to the Commonwealth level are presented in Exhibits 3.4-9–3.4-12. The variation in prevalence of protective factors is more evident when comparing across HPRs in Virginia than when comparing between urban and rural areas of the Commonwealth.

Within each of the domains, HPRs I and III had the highest prevalence of protective factors. In the individual/peer domain, HPRs I and III were both higher than the Commonwealth prevalence level for each of the three protective factors (i.e., religiosity, social skills and belief in the moral order). HPR II had the lowest prevalence of individual/peer protective factors within the Commonwealth. In the family domain both HPR I and III had relatively higher levels than HPRs II and IV for all of the protective factors, though HPR IV also showed a higher level than the Commonwealth for the protective factors “family opportunities” and “family rewards for prosocial involvement.” However, HPR IV had the lowest level on the protective factor, “family attachment.”

While the most similarity between regions occurs with protective factors within the school domain, there is a notable difference between HPRs in youth’s perceptions of the *opportunities* for prosocial involvement relative to the *rewards* for prosocial involvement. In HPR I there is little difference between these two protective factors; in HPR II there are greater opportunities than rewards for prosocial involvement within the school domain; and in HPRs III and IV there are greater rewards than opportunities for prosocial involvement.

Within the community domain, patterns similar to those in other domains occur between HPRs and between protective factors within each HPR. HPRs I and III have the highest level of protective factors. HPRs I, II, and III have greater levels of opportunity than rewards for prosocial involvement, while youth in HPR IV perceive greater levels of reward than opportunity for prosocial involvement in their community. HPR IV, in fact, has a notably lower prevalence of opportunities for prosocial involvement than the other HPRs in Virginia.

Exhibit 3.4-5
Elevated Scores for Individual/Peer Domain Protective Factors
Urban and Rural Middle School and High School

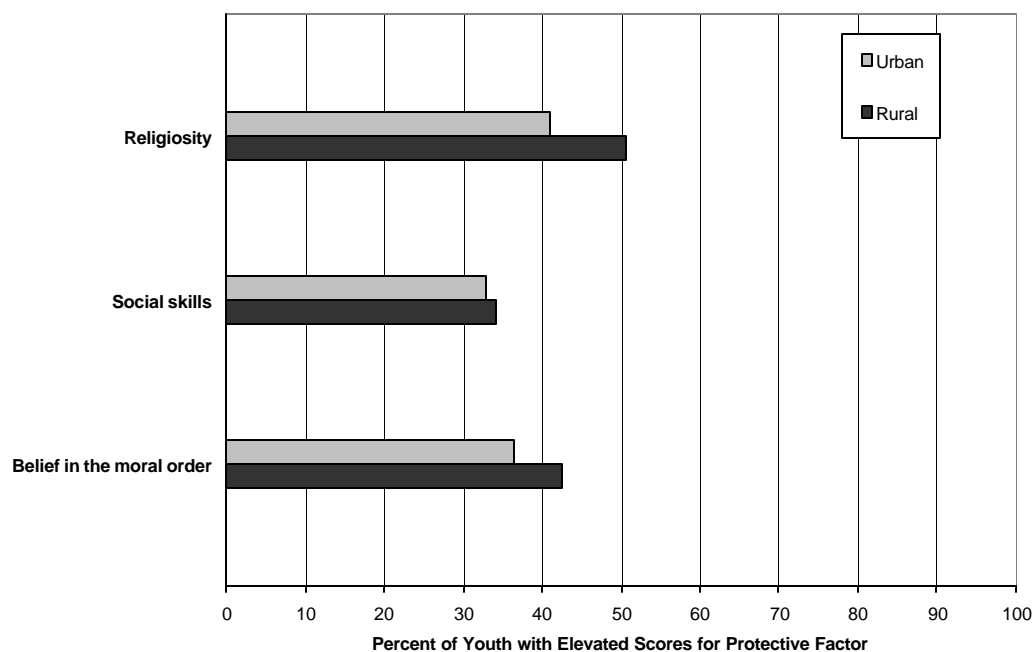


Exhibit 3.4-6
Elevated Scores for Family Domain Protective Factors
Urban and Rural Middle School and High School

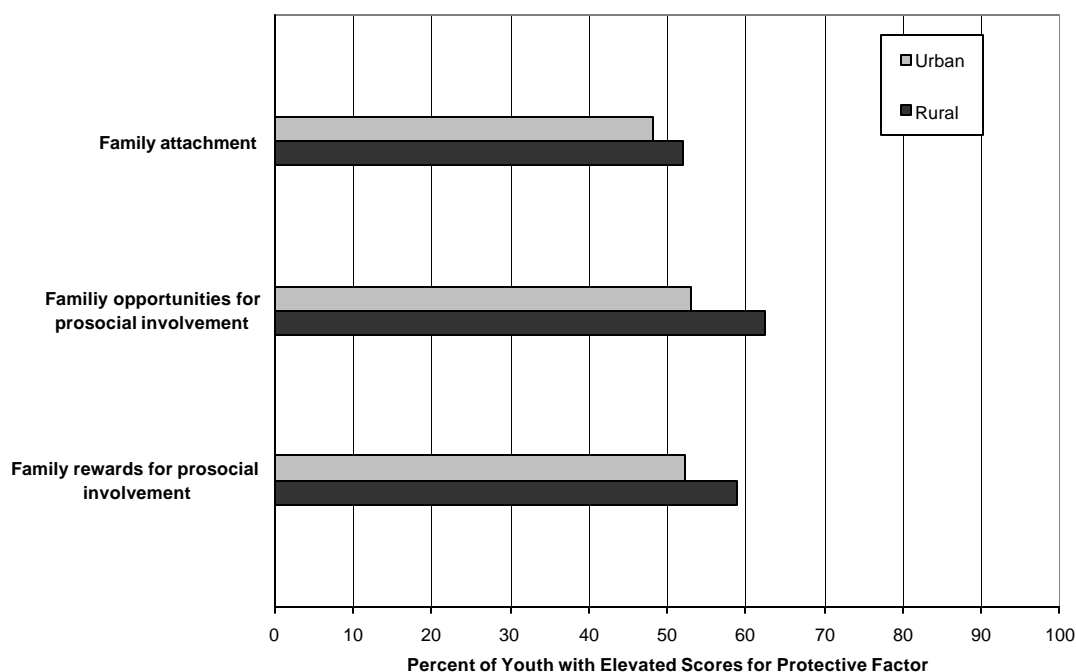


Exhibit 3.4-7
Elevated Scores for School Domain Protective Factors
Urban and Rural Middle School and High School

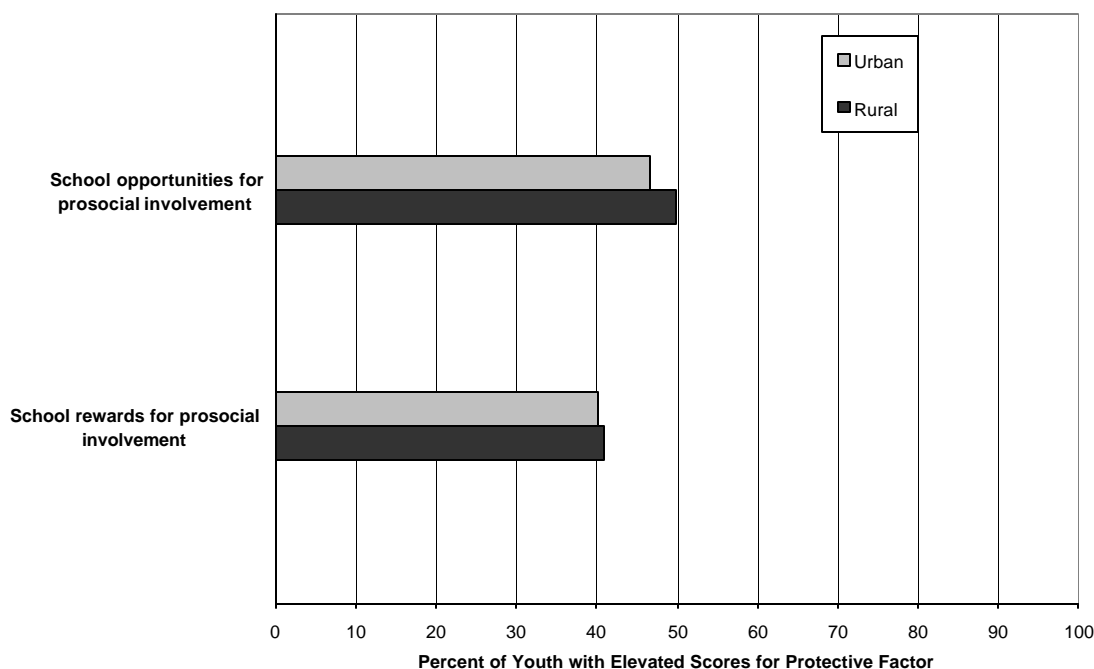


Exhibit 3.4-8
Elevated Scores for Community Domain Protective Factors
Urban and Rural Middle School and High School

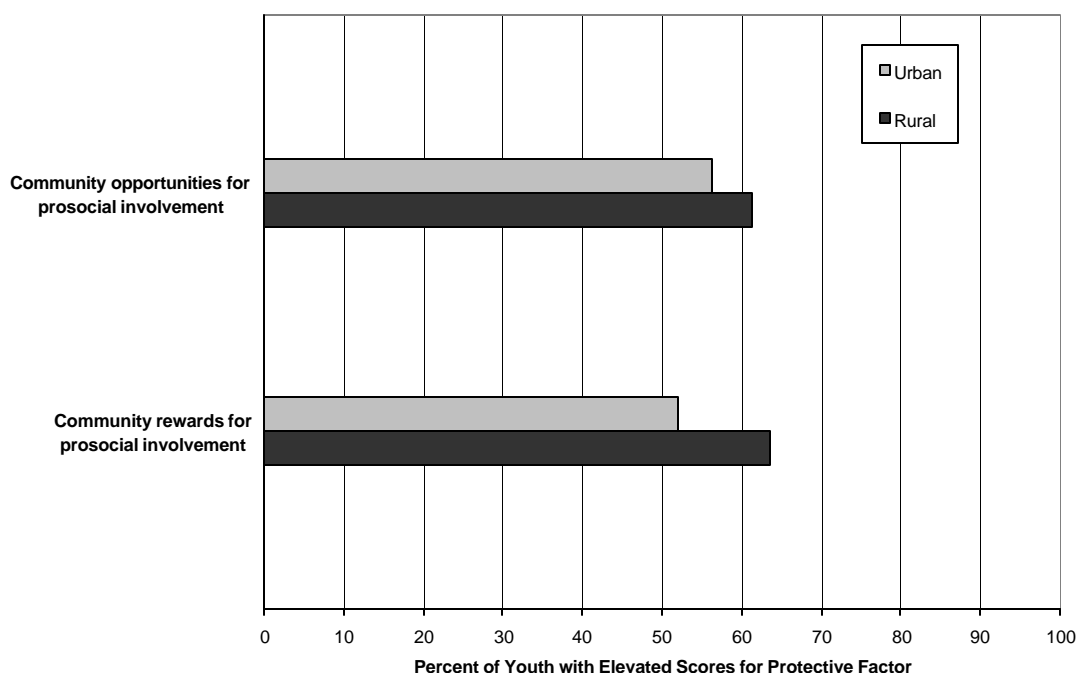


Exhibit 3.4-9
Elevated Scores for Individual/Peer Domain Protective Factors
Health Planning Regions I, II, III, and IV with Virginia Comparisons
Middle School and High School

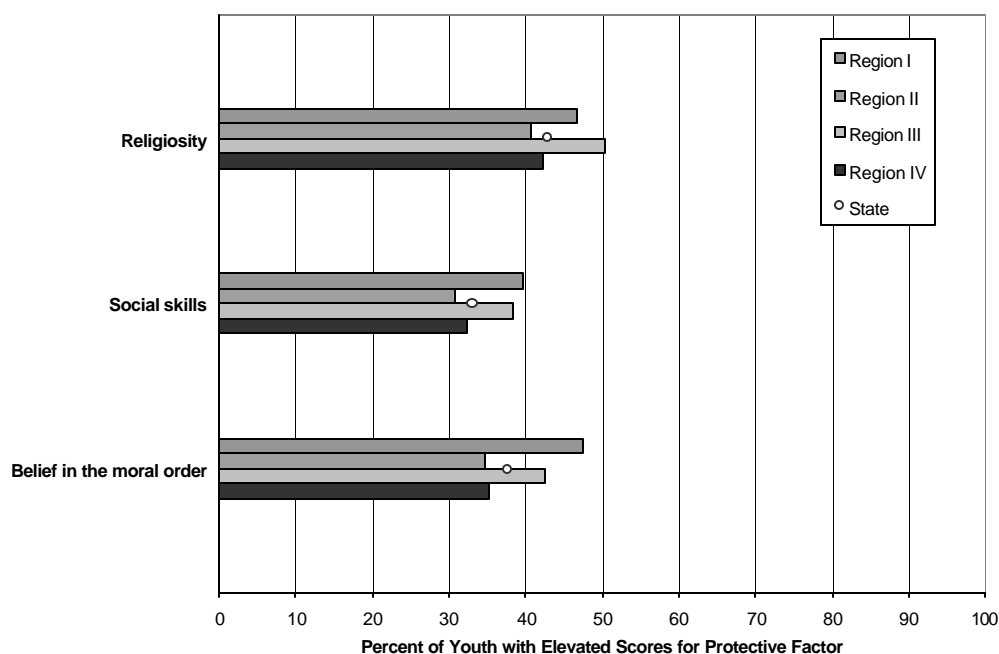


Exhibit 3.4-10
Elevated Scores for Family Domain Protective Factors
Health Planning Regions I, II, III, and IV with Virginia Comparisons
Middle School and High School

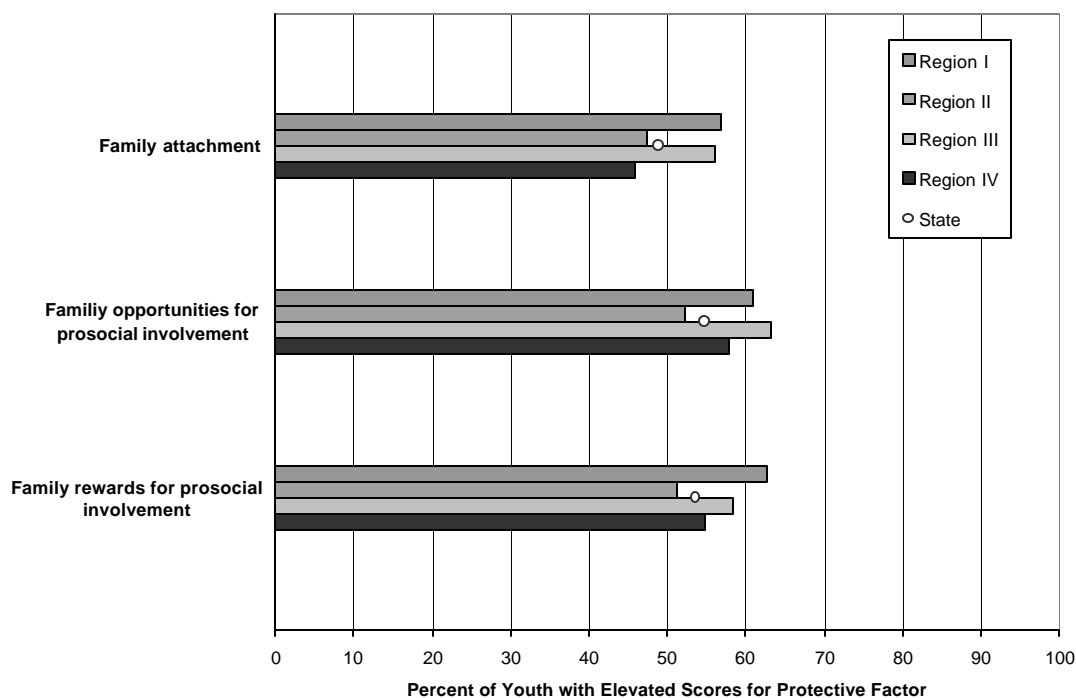


Exhibit 3.4-11
Elevated Scores for School Domain Protective Factors
Health Planning Regions I, II, III, and IV with Virginia Comparisons
Middle School and High School

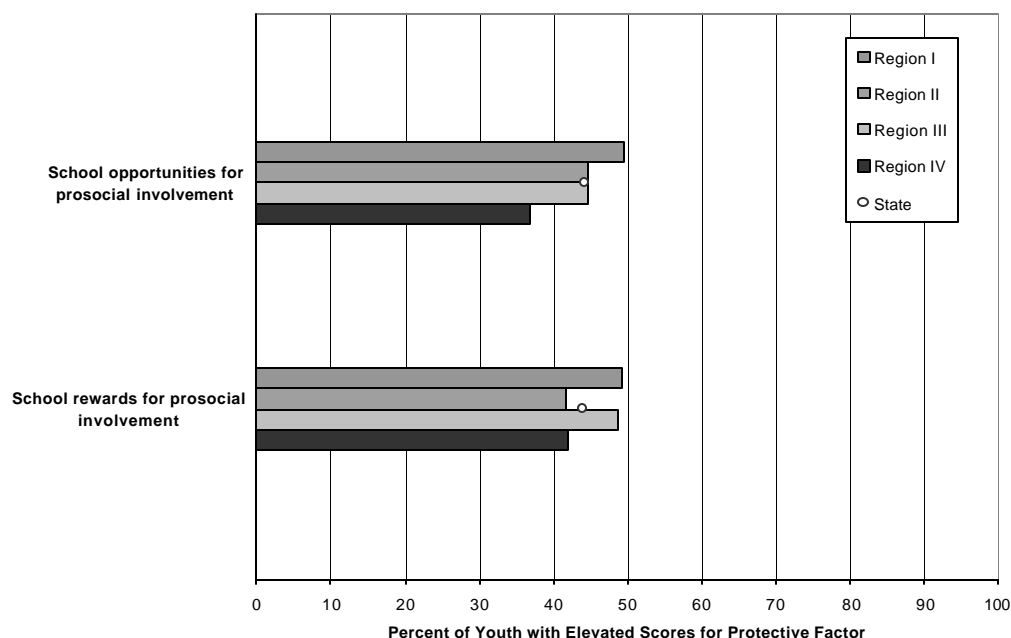
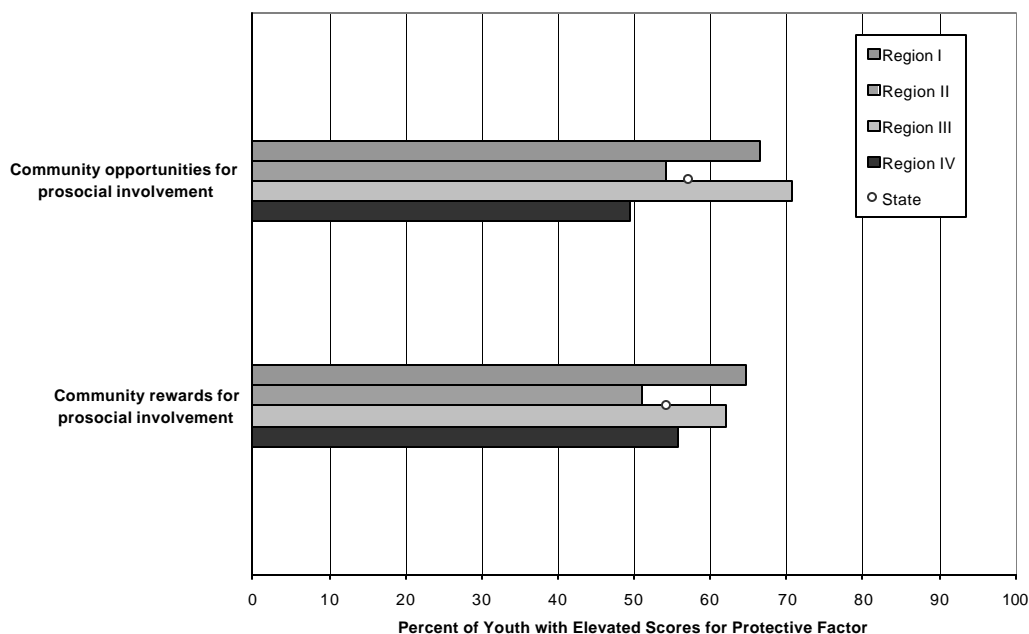


Exhibit 3.4-12
Elevated Scores for Community Domain Protective Factors
Health Planning Regions I, II, III, and IV with Virginia Comparisons
Middle School and High School



3.4.2 Risk Factor Profiles

Risk factor profiles for both urban and rural areas of Virginia, and for four of the five HPRs were developed based on the percentage of middle and high school youth with elevated scores on each of the risk factors scales. The profiles are organized within domains (individual/peer, family, school, and community) for the Commonwealth, urban compared to rural areas, and for HPRs I, II, III, and IV.

Exhibits 3.4-13–3.4-16 present Commonwealth-wide risk factor profiles. Two of the most prevalent risk factors in the Commonwealth are found in the family domain, i.e., “parental attitudes favorable to antisocial behavior” (48%) and “high family conflict” (50%). The risk factor profile displays many more risk factors in Virginia within the individual/peer domain as opposed to other domains, but this does not necessarily indicate significantly more risk in this domain—only that the survey measured more risk factors within the individual/peer domain. Within the individual/peer domain, the prevalence of most risk factors fell between 25 percent and 32 percent (i.e., 25 percent to 32.7 percent of the surveyed youth had elevated scores in this domain). The exceptions were “rebelliousness” with slightly more than 40 percent, and “gang involvement” with approximately 15 percent of the surveyed youth demonstrating elevated scores on these risk factor scales. For the most part, risk factors within the community domain were more prevalent than those within the individual/peer domain, with the highest level risk factor “transitions and mobility” (46.8%) followed by laws and norms favorable to drugs and high community disorganization (39.5% and 38.78%). Like the protective factor profiles, the Commonwealth-wide risk factor

Exhibit 3.4-13
Risk Factors for Individual/Peer Domain, Virginia

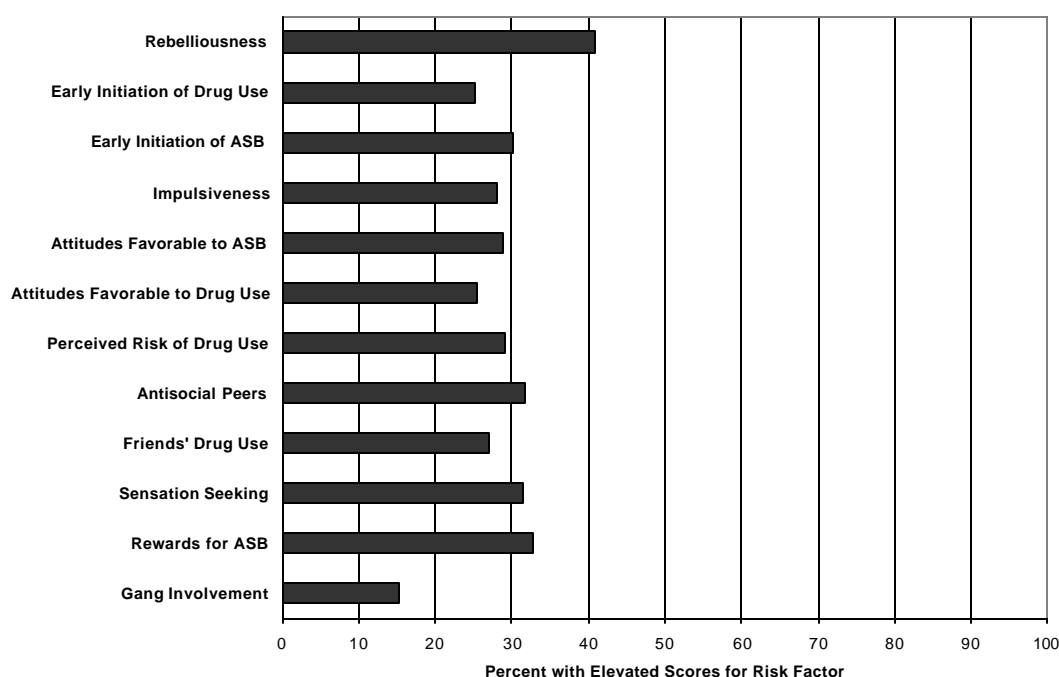


Exhibit 3.4-14
Risk Factors for Family Domain, Virginia

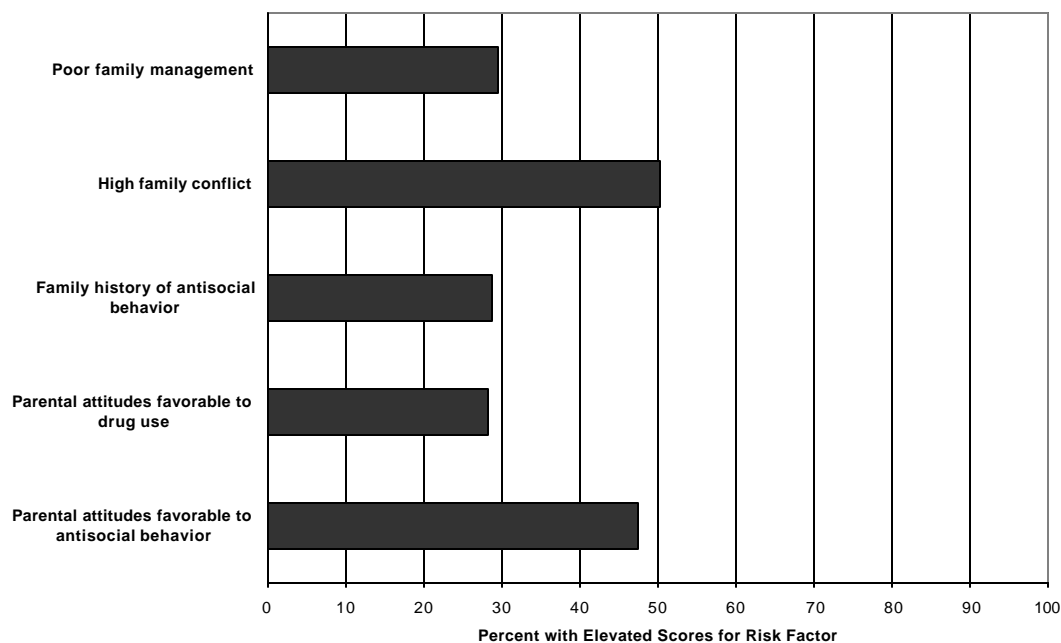


Exhibit 3.4-15
Risk Factors for School Domain, Virginia

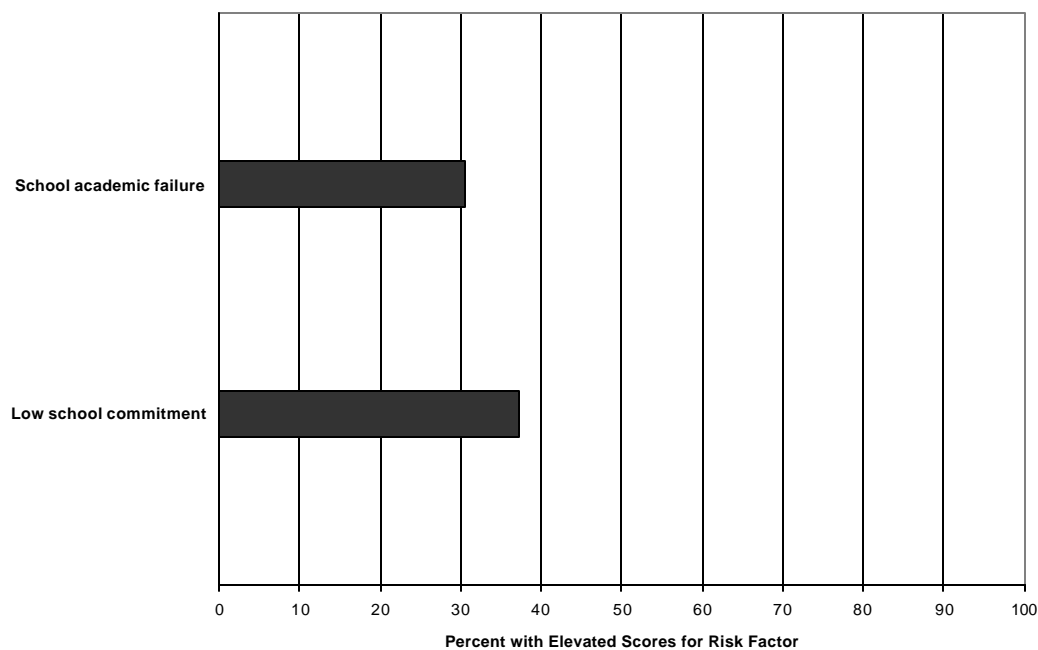
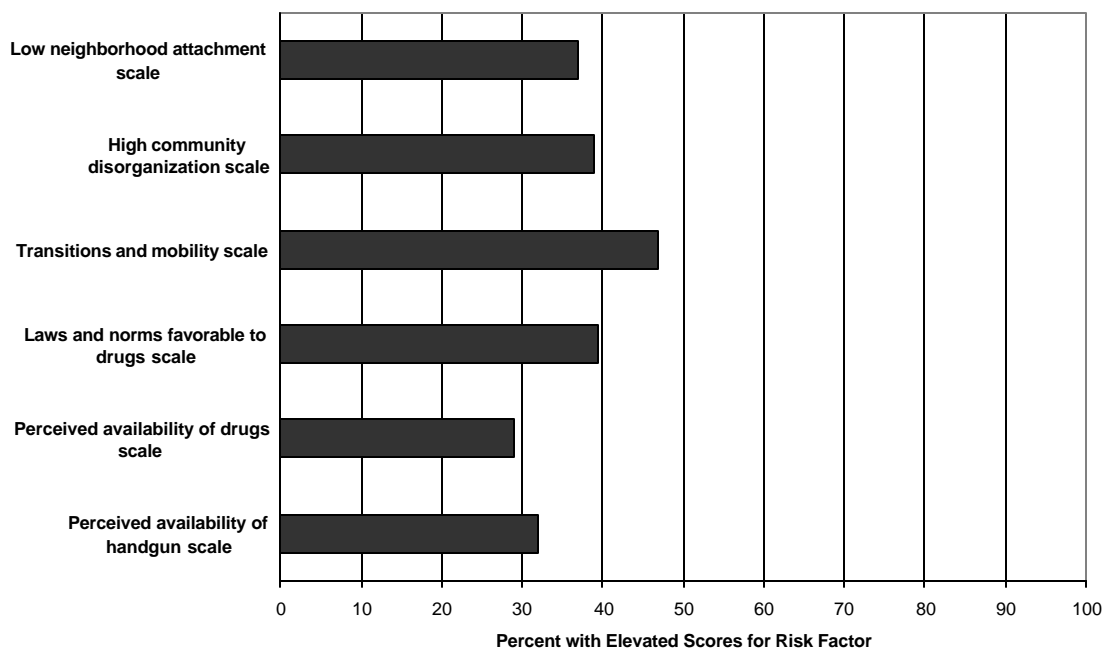


Exhibit 3.4-16 Risk Factors for Community Domain, Virginia



profiles are useful as a benchmark for comparing smaller geographic regions of the Commonwealth.

Unlike protective factors—where rural areas appeared to have generally higher levels across domains, neither urban nor rural areas were consistently lower or higher when comparing risk factors within or across domains (Exhibits 3.4-17–3.4-20). Within the individual/peer domain, for the most part there was less than 4 percent difference between urban and rural areas for any one risk factor. The exceptions are “perceived risk of drug abuse” and “early initiation of antisocial behavior,” where the level of these risk factors is approximately 7 percent higher in rural areas. Similarly, within the family domain most differences between urban and rural areas are not remarkable and the direction of the difference is not consistent between risk factors within the domain (i.e., urban levels are higher than rural levels for three of the risk factors and lower for the remaining two). The most notable of these differences is in “family history of antisocial behavior” where youth exposure to risk is 7 percent higher in rural areas than in the more urban areas of the Commonwealth.

The difference between urban and rural risk factor levels in the school domain were minimal with “school academic failure” being a slightly higher risk factor level in rural areas and “low school commitment” slightly higher in urban areas. The most striking differences between urban and rural risk factors were within the community domain. Urban and rural areas had similar risk levels for “low neighborhood attachment,” “high community disorganization,” and “perceived availability of drugs.” However, urban areas had a notably higher level of risk on the “transitions and mobility” risk factor scale and rural areas had higher levels on the “perceived

Exhibit 3.4-17
Risk Factors for Individual/Peer Domain, Urban and Rural

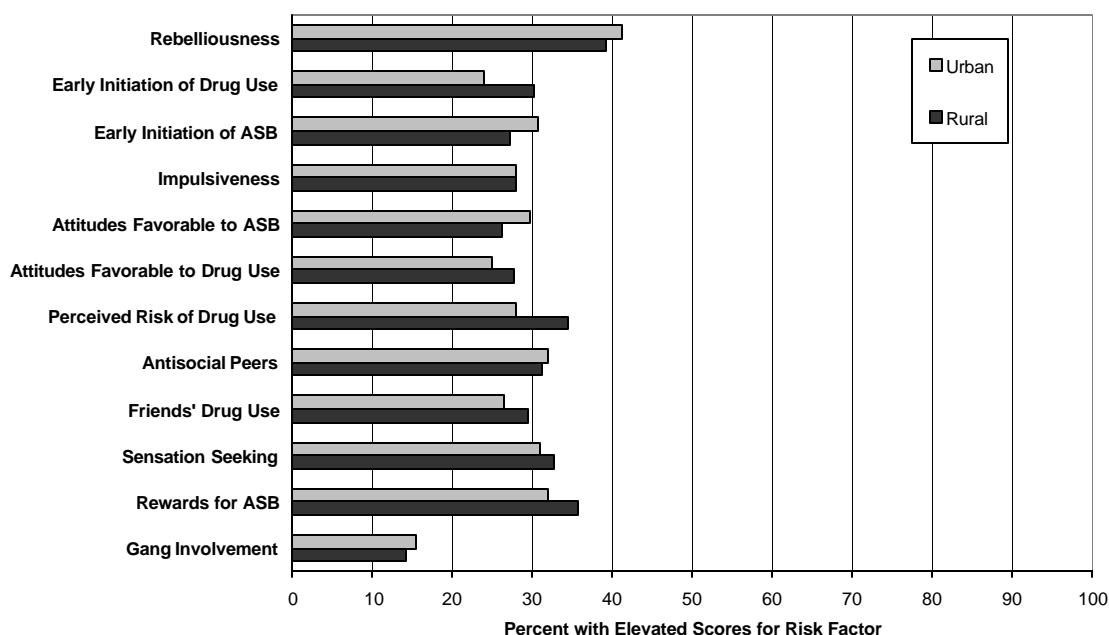


Exhibit 3.4-18
Risk Factors for Family Domain, Urban and Rural

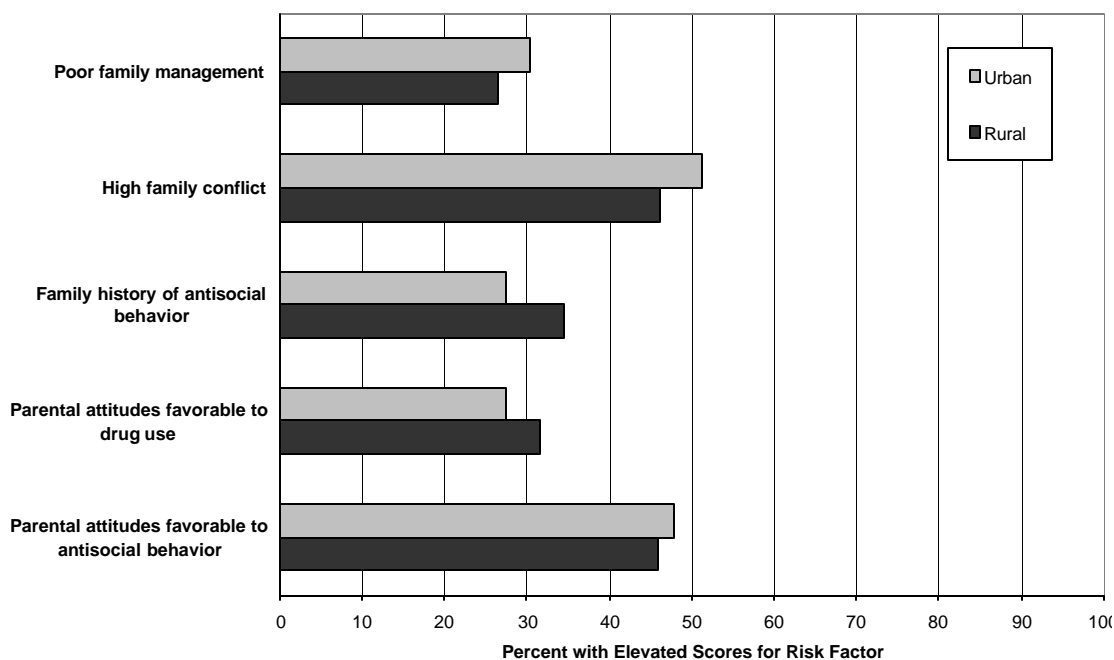


Exhibit 3.4-19
Risk Factors for School Domain, Urban and Rural

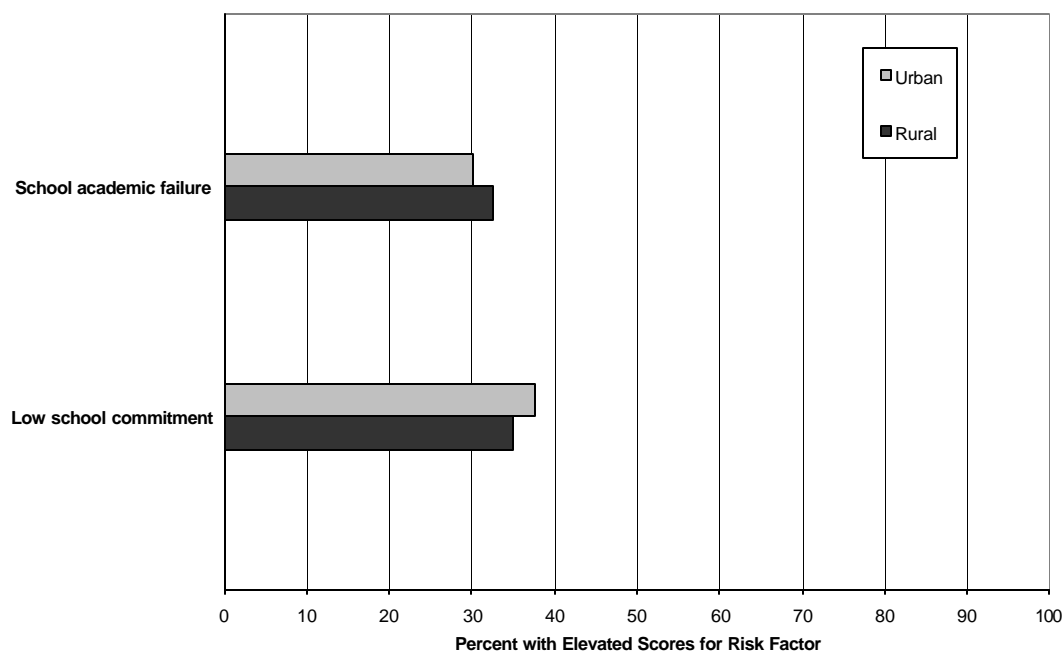
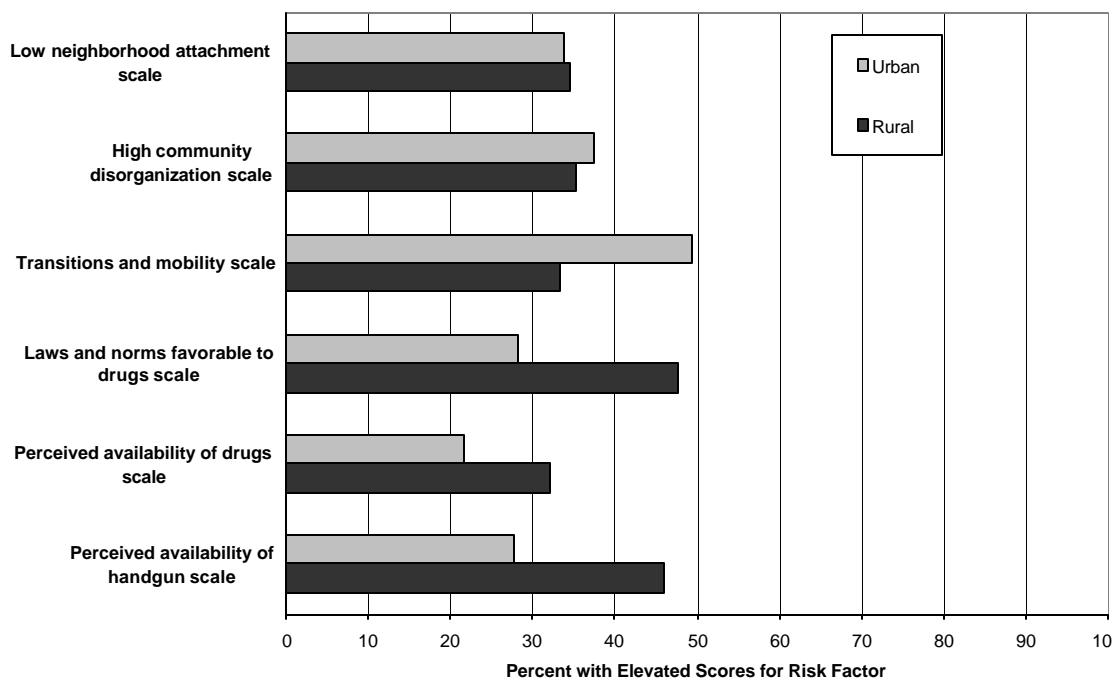


Exhibit 3.4-20
Risk Factors for Community Domain, Urban and Rural



availability of handguns” and “laws and norms favorable to drugs,” risk factor scales. Rural area risk factor levels on these last two scales (“perceived availability of handguns” and “laws and norms favorable to drugs”) were 18 percent to 20 percent higher than in urban areas of Virginia.

The last set of exhibits in this chapter (Exhibits 3.4-21–3.4-24) compare risk factors between HPRs and relative to the overall prevalence of risk factors in the Commonwealth. While the differences between HPR IV and other HPRs were sometimes slight, HPR IV generally had the highest level of risk factors in each domain (highest on 15 of 25 risk factor scales). The variability between HPRs on risk factor levels was greatest in the community domain where individual risk factors varied by as much as 22 percent (e.g., approximately 35% of youth in HPR II had elevated scores on the scale “laws and norms favorable to drugs” compared to more than 55% of youth in HPR IV).

Exhibit 3.4-21
Risk Factors for Individual/Peer Domain
HPRs I, II, III, and IV with Virginia Comparisons

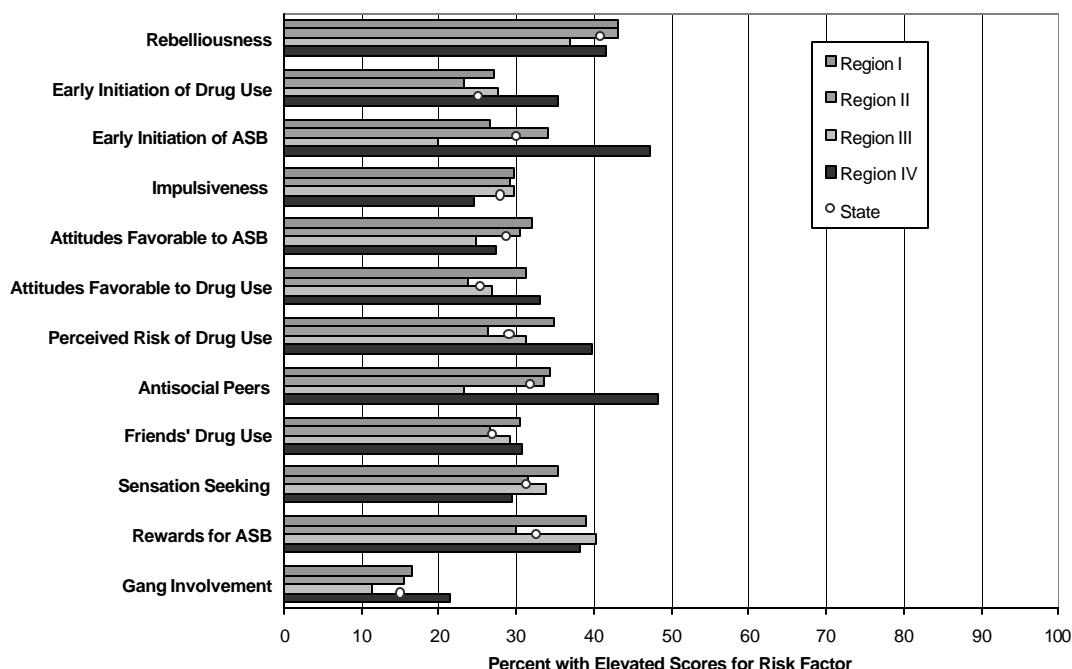


Exhibit 3.4-22
Risk Factors for Family Domain
HPRs I, II, III, and IV with Virginia Comparisons

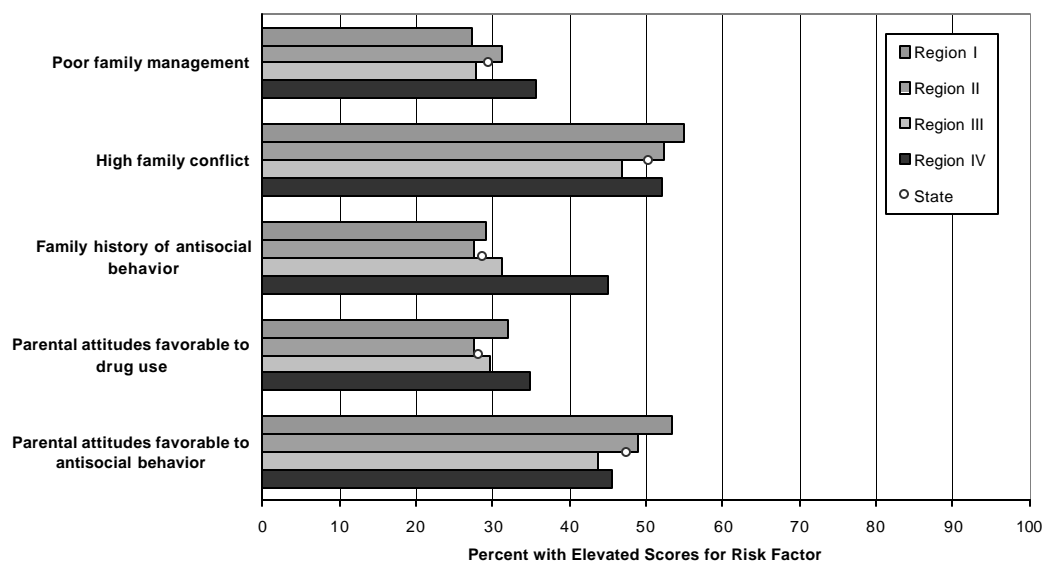


Exhibit 3.4-23
Risk Factors for School Domain
HPRs I, II, III, and IV with Virginia Comparisons

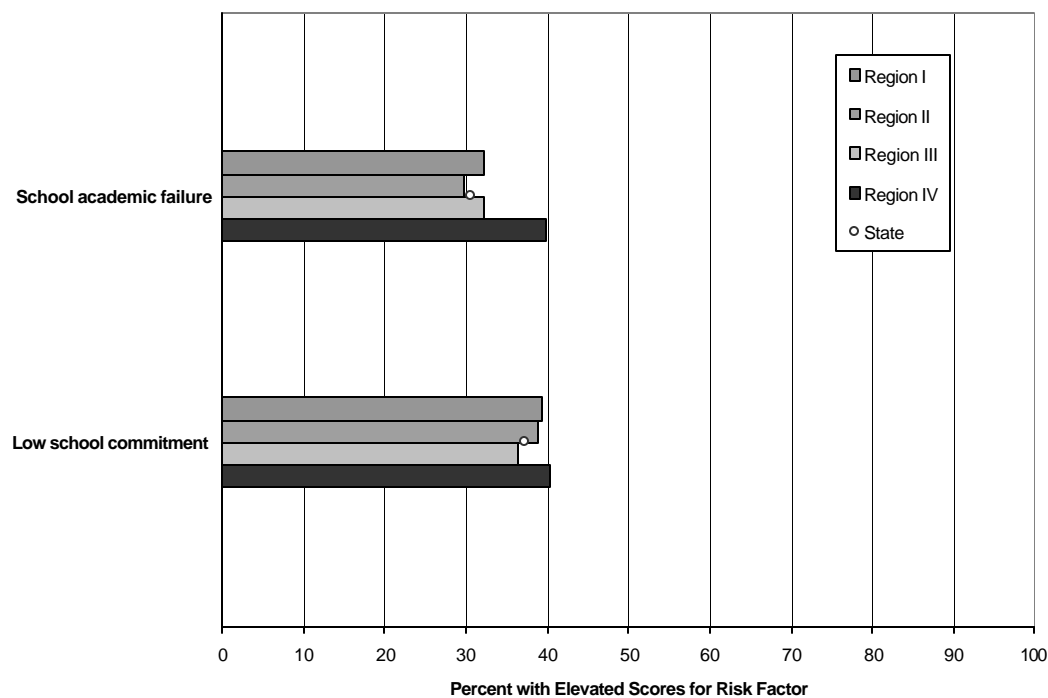
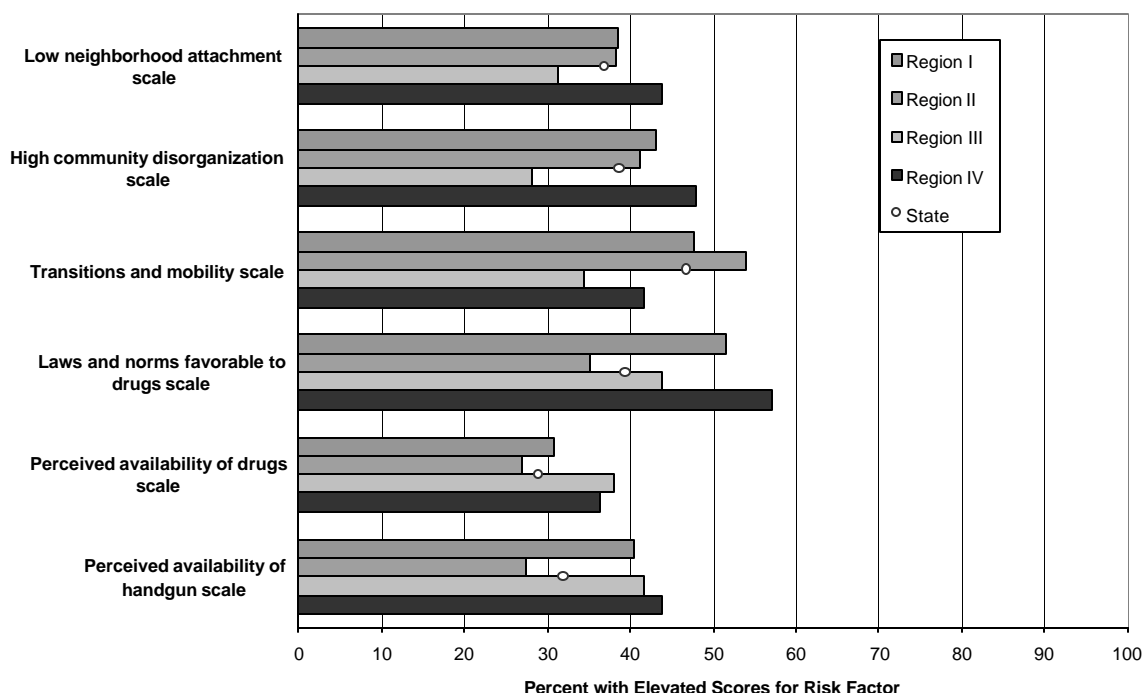


Exhibit 3.4-24
Risk Factors for Community Domain
HPRs I, II, III, and IV with Virginia Comparisons



HPR II generally had the lowest level of risk factors among the HPRs. Though the difference between HPR II and the other HPRs was often slight, they were notably lower within the individual domain on the risk factors “early initiation of antisocial behavior” and “antisocial peers.” They also were considerably lower than other HPRs within the community domain on the risk factors, “perceived availability of handguns” and “laws and norms favorable to drugs”. Within the community domain, HPR III was much lower than the other HPRs on the “high community disorganization” scale.

4. SUMMARY OF FINDINGS AND IMPLICATIONS FOR PREVENTION PLANNING

The findings from the Virginia Community Youth Survey provide valuable information that can be used to understand and prioritize the need for programs designed to prevent ATOD use among the Commonwealth's youth. The following sections summarize the survey findings and describe how they can be used in the prevention planning process.

4.1 ATOD USE AMONG YOUTH IN VIRGINIA

The use of ATODs by middle and high school-age youth in Virginia is similar to patterns of use across the Nation. In general, Virginia 8th and 10th grade youth report somewhat lower levels of ATOD use than their national counterparts and 12th graders in Virginia report slightly higher recent use of most ATODs than do 12th graders in the national MTF survey.

Alcohol was the most commonly used ATOD among Virginia youth. More than one out of ten 8th graders, four out of ten 10th graders, and more than five out of ten 12th graders reported recent use of alcohol.

Recent use of tobacco products by Virginia youth was similar to the national MTF survey findings, except for recent use of smokeless tobacco by 12th graders. Approximately one in nine Virginia 12th graders reported using smokeless tobacco within the past 30 days, compared to one in thirteen 12th graders nationally.

Marijuana was the third most commonly used ATOD in Virginia following alcohol and tobacco. The prevalence of marijuana use was lower for Virginia 8th and 10th graders than for their counterparts in the national sample, but Virginia 12th graders reported a higher prevalence of marijuana use than 12th graders in the national sample.

Any lifetime use of inhalants also was consistently lower in Virginia than nationally for each of the three grades studied. While recent (past 30-day) use of inhalants remained lower for Virginia 12th graders than their national counterparts, recent use of inhalants by Virginia's 8th and 10th graders was slightly higher than recent use by 8th and 10th graders in the national MTF survey.

Fewer than one out of thirty-five of Virginia's 8th and 10th graders and one out of fifteen 12th graders reported any recent use of psychedelics, cocaine or methamphetamines. As with their counterparts in the national MTF survey, the use of psychedelics is more common with Virginia youth than use of cocaine or methamphetamines. Similar to the patterns of use for other ATODs, Virginia 8th and 10th graders reported a lower rate of any lifetime use of cocaine and methamphetamine use than their national counterparts. However, they reported a slightly higher rate of recent psychedelic drug use. Virginia 12th graders have a higher rate of recent use of psychedelic drugs, cocaine and methamphetamines than their counterparts in the National sample. This difference is most notable for

psychedelic drug use (i.e., approximately 1 in 15 Virginia 12th graders reported recent psychedelic drug use compared to approximately 1 in 38 12th graders in the National MTF survey).

4.1.1 Urban and Rural Comparisons of ATOD Use

Prevalence of ATOD use among rural Virginia middle and high school youth is similar to, or only slightly higher than, urban youth, with the exception of smokeless tobacco and psychedelic drugs. Rural youth reported notably higher rates of smokeless tobacco use than did urban youth. Urban youth reported slightly higher rates of psychedelic drug use than were reported by rural youth.

Rural Virginia youth have notably higher rates of use of smokeless tobacco than urban youth. More than one out of five rural middle school youth and more than one out of three rural high school youth reported any lifetime use of smokeless tobacco compared to less than one out of 10 urban middle school youth and less than one out of six urban high school youth. The differences are similar with reports of recent use. Nine percent of rural middle school-age youth reported using smokeless tobacco in the past 30 days compared to four percent of urban middle school-age youth. Twenty percent of rural high school youth reported recent smokeless tobacco use compared to six percent of urban high school-age youth.

For the most part, reports of any ATOD use for urban youth were slightly less than that of their rural counterparts. The one exception is in use of psychedelic drugs. In this case, urban youth reported slightly higher rates of use than their rural counterparts. The greatest difference, while still small, is in recent use of psychedelic drugs among high school youth, where approximately 1 out of 20 urban youth reported recent use compared to approximately 1 out of 25 rural youth.

4.1.2 Regional Comparisons of ATOD Use

Prevalence estimates for ATOD use are available for four of the five health planning regions in Virginia (i.e., HPR I, II, III, and IV). Patterns of ATOD use are similar within each of these four HPRs, with alcohol the most common ATOD use among both middle and high school youth and psychedelic drugs, cocaine and methamphetamines being the least commonly reported. However, there is notable variation between regions related to actual prevalence of specific ATOD use in middle school and high school.

The greatest variation in prevalence rates between health planning regions occurs in the use of tobacco products. For example, more than 5 out of 10 middle school-age youth in HPR IV reported any lifetime use of cigarettes compared to less than three out of ten middle school youth in HPR II. Similarly, approximately one out of three high school-age youth in HPR III reported recently using smokeless tobacco relative to approximately one out of six high school-age youth in HPR II.

Interestingly, the direction of the difference in prevalence rates varies between middle and high school (i.e., a region that may have the highest rate of use among middle school-age youth may have the lowest rate among high school-age youth). This

difference between middle and high school ATOD prevalence rates across regions is most notable relative to Region IV. Region IV middle school-age youth reported the highest rates of alcohol, cigarette, and marijuana use compared to their counterparts in the other health planning regions. Though youth in HPR IV reported an increase in use between middle and high school (e.g., approximately 30 percent of HPR IV middle school-age youth reported recent alcohol use relative to 37 percent of high school youth in that region), this increase is substantially less than reported in the other regions. As a result, HPR IV high school-age youth reported the lowest rate of recent alcohol use among the health planning regions (37% for HPR IV relative to 51% for HPR I, 45% for HPR II, and 44% for HPR III).

There are a number of possible explanations for the differences described above. For example:

- Prevention and intervention programs that target early high school-age youth in HPR IV may be effectively preventing or reducing ATOD use among high school-age youth;
- The current cohort of middle school-age youth (specifically 8th graders) in HPR IV may have a higher rate of ATOD use than the current cohort of high school-age youth did when they were in middle school; or
- Middle school youth in HPR IV, who have high rates of ATOD use, are less likely to remain in the public school system in high school and are thus not accounted for in the survey sample.

Any of the above explanations are plausible and would need to be considered in light of other local quantitative data (e.g., school drop-out rates) and potentially relevant qualitative data (e.g., information on existing prevention programs).

4.2 PREVALENCE OF ANTISOCIAL BEHAVIOR

The three most commonly reported antisocial behaviors among both middle and high school youth in Virginia were “having been drunk or high at school”; “suspended from school in the past year”; and “having attacked someone with the idea of seriously harming them”. These behaviors were reported by less than 20 percent of the middle and high school youth, with “attacking someone with the intention of harming them” as one of the most commonly reported among middle school youth (15%) and being “drunk or high at school” the most commonly reported among high school youth (19%). Fewer than one out of one hundred reported having taken a handgun to school in the past year.

4.2.1 Urban and Rural Comparisons of Antisocial Behaviors

There was little difference between urban and rural youth at either the middle or high school level on their reports of antisocial behaviors. The most pronounced differences between these two groups were among high school-age youth reports of having carried a handgun in the past year (seven out of 100 rural high school youth compared to two out of 100 urban high school youth). There is less than a one percent difference between the two groups on having taken a handgun to school in the past

year (one out of 500 urban high school youth compared to almost one out of 100 rural high school youth).

There was a slightly greater prevalence of antisocial behaviors reported among urban middle school youth than their rural counterparts. The greatest difference between urban and middle school youth is in their reports of having attacked someone with the intent to harm (almost two out of twelve urban middle school youth compared to two out of sixteen rural middle school youth).

4.2.2 Regional Comparisons of Antisocial Behaviors

Prevalence estimates for antisocial behaviors among middle and high school are available for four of the five health planning regions in Virginia. For the most part, patterns of antisocial behavior do not vary significantly between regions, but the differences are more pronounced than in the comparisons between urban and rural areas of the Commonwealth. The antisocial behaviors that show the most variation also tend to be those that are most subject to differences in local policies or in enforcement of policies and laws. For example, HPR IV middle school youth reports of having been suspended from school are notably higher than the Commonwealth prevalence estimate (32% compared to 15%), and HPR III middle school youth have notably lower reports of school suspensions than the Commonwealth prevalence estimate for that age group (7% compared to 15%).

Similar to rates of ATOD use, middle school youth in HPR IV reported antisocial behaviors in the past year more frequently than did their counterparts in the other regions, but the differences were less pronounced among high school youth. HPR IV had the highest prevalence rates for all antisocial behaviors among middle school youth in Virginia. However, high school youth in HPR IV reported lower rates than the other three HPRs for two of the eight antisocial behaviors studied (i.e., they had the lowest prevalence of having sold illegal drugs or having been arrested in the past year).

As with the differences in ATOD rates across HPRs, additional contextual information is needed to begin to understand the differences in reports of antisocial behaviors. Information on local policies and enforcement may help to clarify differences in school suspensions or arrests across HPRs. Similarly drop-out rates, or the existence of prevention and intervention programs targeting early high school-age youth, may help to explain differences between middle and high school prevalence rates for ATOD use or antisocial behaviors. When ATOD use and antisocial behavior rates are clearly higher for a particular region, the underlying causes and potential interventions may be best understood by examining the prevalence of risk and protective factors in those communities relative to their prevalence across Virginia.

4.3 PREVALENCE OF RISK AND PROTECTIVE FACTORS

An awareness of the risk and protective factors for ATOD use and antisocial behaviors can lead to development of effective prevention programs that target reducing factors known to increase the risk of these behaviors and/or increasing protective factors that are known to buffer those risks. The prevalence of 25 risk

factors and 10 protective factors were measured in the Virginia Community Youth Survey (See Chapter 1, Section 1.3 for a description of the specific risk and protective factors).

4.4 PREVALENCE OF RISK FACTORS

Risk factor profiles for Virginia as a whole, for rural and urban areas of Virginia, and for four of the five HPRs were developed based on the percentage of middle and high school youth with elevated scores on each of the risk factor scales. The profiles are organized within four domains (individual/peer, family, school and community).

4.4.1 Individual/Peer Domain

Within the individual/peer domain, the prevalence of elevated scale scores for the 12 risk factors ranged from approximately 15 percent to a little more than 40 percent. The risk factor “gang involvement” was the least prevalent in the individual/peer domain in Virginia, and “rebelliousness” was the most prevalent. There were only slight differences between the rates of elevated scores for the remaining 10 risk factors (i.e., prevalence rates fell between 25 percent and 33 percent).

There was little difference between urban and rural areas of Virginia when comparing risk factors in the individual/peer domain. Urban areas were slightly higher for some of the risk factors (e.g., rebelliousness), and rural areas were slightly higher for others (e.g., sensation seeking). The greatest variation between rural and urban areas in this domain occurs for the risk factors “perceived risk of drug abuse” and “early initiation of drug use.” Rural areas had prevalence rates that were approximately 7 percent higher than the rates in urban areas of the Commonwealth for these two risk factors.

The variability in risk factors within the individual/peer domain is most notable when comparing HPRs. For example, HPR III had appreciably lower rates than other HPRs for the risk factors “rebelliousness,” “early initiation of antisocial behaviors,” “attitudes favorable to antisocial behaviors,” “antisocial peers,” and “gang involvement,” but had rates similar to most HPRs for the other individual/peer risk factors. HPR IV had notably higher rates than the other HPRs for the risk factors, “early initiation of drug use,” “early initiation of antisocial behaviors,” “perceived risk of drug use,” “antisocial peers” and “gang involvement,” but rates similar or lower than the other HPRs for the remaining seven risk factors in this domain.

4.4.2 Family Domain

Two of the most prevalent risk factors throughout the Commonwealth are found in the family domain, i.e., “parental attitudes favorable to antisocial behavior” and “high family conflict.” The risk factors “high family conflict” and “parental attitudes favorable to antisocial behavior” were elevated for more than 45 percent of the youth in Virginia. Less than 30 percent of the surveyed youth had elevated scores for the other three risk factors in the family domain.

The differences between urban and rural areas of the Commonwealth within the family domain are small and they vary between risk factors. Urban areas have

slightly higher prevalence rates for “poor family management,” “high family conflict,” and “parental attitudes favorable to antisocial behavior.” Rural areas have higher rates for “family history of antisocial behavior,” and “parental attitudes favorable to drug use.” The most notable of the differences is in the prevalence of “family history of antisocial behavior” (7% higher for rural than for urban areas).

The variability between risk factors within the family domain is more evident when comparing across HPRs than when comparing urban to rural areas of the Commonwealth. For example, less than 30 percent of the youth in HPR II had elevated scores on the risk factor, “family history of antisocial behavior,” while approximately 45 percent of the youth in HPR IV had elevated scores on this risk factor. In contrast, the difference is less pronounced when comparing urban and rural prevalence of this risk factor (i.e., the difference is approximately 7 percent between urban/rural as opposed to approximately 15 percent between two HPRs).

4.4.3 School Domain

Two risk factors, “school academic failure” and “low school commitment,” were examined in the Virginia Community Youth Survey. More than 30 percent of youth in Virginia had elevated scores on both of these risk factors, with “low school commitment” having the highest prevalence rate. The difference between urban and rural risk factor levels in the school domain were minimal, with “school academic failure” having a slightly higher prevalence in rural areas, and “low school commitment” having a slightly higher prevalence in urban areas.

The variation in prevalence of risk factors between HPRs also is less notable within the school domain than it is within the individual/peer, family, or community domains. Within the school domain, the greatest difference is between HPR IV and the other three HPRs in prevalence of the risk factor “school academic failure.” Approximately 40 percent of HPR IV youth had elevated scores on this risk factor compared to little more than 30 percent for the other three HPRs.

4.4.4 Community Domain

The Virginia Community Youth Survey elicited youth perceptions of six risk factors within the community domain. The most prevalent risk factors for the Commonwealth as a whole were “transitions and mobility” followed by “laws and norms favorable to drugs” and “high community disorganization.” As with risk factors in the other domains, the prevalence information is more meaningful when comparing smaller geographic areas of the Commonwealth. For example, urban and rural areas had similar risk levels for “low neighborhood attachment,” “high community disorganization,” and “perceived availability of drugs.” However, urban areas had a notably higher level of risk on the “transitions and mobility” risk factor scale and rural areas had higher levels on the “perceived availability of handguns” and “laws and norms favorable to drugs,” risk factor scales. Rural area risk factor levels on these last two scales (“perceived availability of handguns” and “laws and norms favorable to drugs”) were 10 percent to 17 percent higher than in urban areas of Virginia.

The variability between HPRs on risk factor levels is most evident within the community domain. For example, HPR III had the highest level of risk among the four HPRs on the “perceived availability of drugs” scale and the lowest level among HPRs on three of the other scales (i.e., “low neighborhood attachment,” “high community disorganization,” and “transitions and mobility”). Similar variation can be seen with HPR IV. This HPR had the highest levels of risk among the HPRs on “laws and norms favorable to drugs” and the lowest level of risk among the HPRs on “transitions and mobility.”

4.5 PREVALENCE OF PROTECTIVE FACTORS

Protective factor profiles for Virginia as a whole, for rural and urban areas of Virginia, and for four of the five HPRs were developed based on the percentage of middle and high school youth with elevated scores on each of the protective factor scales. The profiles are organized within the same four domains as the risk factors.

4.5.1 Individual/Peer Domain

Protective factors within the individual/peer domain have the lowest prevalence rates within the Commonwealth. “Social skills” is the least prevalent protective factor both within the individual/peer domain and across all of the domains. Within the individual/peer domain “religiosity” had the highest prevalence. This protective factor also is most pronounced when comparing rural to urban areas of the Commonwealth. More than 5 out of 10 rural youth had elevated protective factor scores on the religiosity scale compared to more than 4 out of 10 urban youth.

Similar to the risk factor comparisons in each domain, the variability between areas is most apparent when comparing HPRs. For example, HPRs I and III had the highest levels on each of the individual/peer protective factor scales. These two HPRs were both higher than the Commonwealth-wide prevalence level for each of the three protective factors in this domain (i.e., religiosity, social skills and belief in the moral order).

4.5.2 Family Domain

The prevalence rates among individual protective factors within the family domain show little variation for the Commonwealth as a whole. While “family opportunities for prosocial involvement” had the highest prevalence within this domain, there is little more than a 5 percent difference between this protective factor and the lowest, “family attachment.” In contrast when protective factors within the family domain are compared between urban and rural areas, greater variation is evident. For example, rural areas of Virginia have more than a 10 percent difference between these two protective factors; and rural areas also have higher prevalence rates than urban areas for each of the three family domain protective factors. The variation in prevalence of protective factors in the family domain is evident both within and between other areas when comparisons are made at the HPR level. For example, in HPR IV, “family attachment” has a lower rate of prevalence than in any of the other HPRs, and it also has the lowest prevalence rate of family domain protective factors within HPR IV.

4.5.3 School Domain

Two protective factors, “school opportunities for prosocial involvement” and “school rewards for prosocial involvement” were measured in the Virginia Community Youth Survey. When these two protective factors are compared to each other for the Commonwealth as a whole there is little difference between them (close to 45% of youth had elevated scores on each of these protective factors). The difference between the protective factors within this domain is greater when urban and rural areas are viewed separately. In this case there is a notable difference between the two protective factors within urban and rural areas (e.g., within rural areas 50 percent of the youth surveyed had elevated protective factor scores on “school opportunities for prosocial involvement” while only a little over 40 percent had elevated scores on the “school rewards for prosocial opportunities” scale). The protective factor profiles within the school domain are the most informative when comparing across HPRs. There is a notable difference between HPRs in youth’s perceptions of the *opportunities* for prosocial involvement relative to the *rewards* for prosocial involvement. In HPR I there is little difference between these two protective factors; in HPR II there are greater opportunities than rewards for prosocial involvement within the school domain; and in HPRs III and IV there are greater rewards than opportunities for prosocial involvement.

4.5.4 Community Domain

The most prevalent protective factors across the Commonwealth were in the Community Domain, specifically, “community opportunities for prosocial involvement” and “community rewards for prosocial involvement.” Close to 55 percent of all youth surveyed had elevated scores on these protective factor scales. There are notable differences between urban and rural areas within this domain. Rural areas had a higher prevalence than urban areas for both of the protective factors in the community domain. This difference is most noticeable in perceived *rewards* for prosocial involvement where there is more than a 10 percent difference between the urban and rural areas. It also is interesting to note that within each group the direction of the difference varies (i.e., urban youth perceive there are greater opportunities than rewards for prosocial involvement within their community, while rural youth perceive there are greater rewards than opportunities for prosocial involvement).

Within the community domain, the variability between areas and between protective factors within each area is again most evident at the HPR level. HPRs I and III have the highest prevalence of protective factors within this domain. HPRs I, II, and III all have greater levels of opportunity than rewards for prosocial involvement, while youth in HPR IV perceive greater levels of reward than opportunity for prosocial involvement in their communities.

4.6 APPLICATION IN PREVENTION PLANNING

Approaches to ATOD prevention were described in Chapter One as following a basic public health problem-response approach that includes (1) defining the problem, (2) identifying risk and protective factors, (3) identifying and implementing interventions, and (4) conducting program evaluations. Findings from the Virginia

Community Youth Survey can assist the Commonwealth and particularly local planning groups in each of these areas.

4.6.1 Defining the Problem

The Commonwealth of Virginia and local planning groups can use prevalence findings from the Virginia Community Youth Survey to assist in defining ATOD prevalence for: (1) all Virginia youth; (2) middle and high school-age youth; (3) urban and rural youth; and (4) youth within four HPRs. For example, the findings indicate that:

- Alcohol is the most commonly used ATOD by youth in all grade levels and in all areas of Virginia;
- Tobacco products are the second most commonly used ATOD by Virginia youth and the recent use of smokeless tobacco, particularly for 12th graders, exceeds that of their counterparts across the nation;
- Middle school-age youth have higher rates of inhalant use than high school-age youth;
- Rural youth have higher rates of smokeless tobacco use than urban youth;
- Urban youth have higher rates of psychedelic drug use than rural youth; and
- HPR IV middle school-age youth have the highest prevalence of alcohol use across HPRs, and HPR IV high school-age youth have the lowest prevalence of alcohol use across HPRs.

The last finding above illustrates why multiple strategies must be used to define the problem at a community level. Additional information is necessary to understand and explain the difference between middle and high school results for HPR IV. Information from archival indicators (e.g., high school drop-out rates) can assist planners in determining if the lower prevalence rates are a result of the survey methodology (i.e., the survey was limited to youth attending public schools in Virginia). Information from a community resource assessment can help to determine if intervention/prevention programs are focused on early high school-age youth and, in the absence of a high drop-out rate, help to explain the lower prevalence rate among high school youth in the area. And finally, in the absence of any longitudinal data, interviews with key community youth leaders may help to answer the question “is there an unusual level of ATOD use among youth who entered the 8th grade in 2000 compared to their predecessors who are now in high school?”

4.6.2 Identifying Risk and Protective Factors

The second step in the prevention planning process is to identify the risk factors known to increase the likelihood of ATOD problems and the protective factors that are known to buffer the influence of those risk factors. An analysis of the prevalence of the 25 risk factors and 10 protective factors measured in the Virginia Community Youth Survey provides prevention planners in Virginia with an important tool for prioritizing prevention efforts across the Commonwealth. For example, HPR III has a relatively high prevalence of youth with elevated scores on the risk factor “perceived

availability of drugs.” Thus planners in that region may want to consider prevention programs that target the risk factor “perceived availability of drugs.”

Another example can be seen in HPR IV. In step one, “defining the problem,” survey results indicate a higher prevalence than other HPRs for ATOD use among eighth grade youth. Consistent with that finding is HPR IV’s notably higher prevalence than the other HPRs for the risk factors, “early initiation of drug use,” and “early initiation of antisocial behaviors.” These findings indicate a need to target prevention programming to middle school (or younger) youth in HPR IV. The survey findings also indicate there are higher rates of youth in HPR IV with elevated scores on the risk factors “perceived risk of drug use,” “antisocial peers” and “gang involvement,” but similar or lower rates than the other HPRs for the remaining seven risk factors in this domain. As a result, prevention planners in this region may want to consider prevention programming targeted to reducing the risk factors “perceived risk of drug use,” “antisocial peers” and “gang involvement.”

Similarly, an examination of the findings related to protective factors on a regional or local level can assist planners in prioritizing prevention efforts based on those that are lowest in the community and/or that have been found to be most effective in addressing specific risk factors. To continue with the example of HPR IV, the survey findings indicate youth in this HPR perceive there are fewer opportunities for prosocial involvement in their communities or schools than were reported by youth in other areas of Virginia. Planners may want to consider implementing prevention programs designed to increase “opportunities for prosocial involvement” in HPR IV schools and communities—particularly for middle school-age youth. These programs encourage prosocial bonding and may decrease or buffer the exposure to risk associated with “antisocial peers.”

4.6.3 Identifying and Implementing Interventions

The third step in the planning process involves identifying interventions (i.e., prevention programs that address the problems defined in steps one and two). The results from the Virginia Community Youth Survey, coupled with archival indicators allow communities to base their identification of prevention programs on the program’s demonstrated effectiveness in addressing the specific risk and protective factors identified for that particular region or local area. Findings from local community resource assessments can help planning groups identify local resources that can be tapped to implement programs to target specific risk and protective factors. Research- or “science”-based programs that have been found to be effective in addressing specific risk and protective factors can be identified through Commonwealth or national prevention resources, such as DMHMRSAS, the Governor’s Office for Substance Abuse Prevention or CSAP, and implemented through local community organizations.

4.6.4 Program Evaluation

The fourth step in the prevention planning process is evaluating community prevention efforts. The data provided through the Virginia Community Youth Survey can serve as baseline information for assessment of the prevention programs.

Continuing use of the Virginia Community Youth Survey can ensure that ongoing prevention planning in the Commonwealth is based on information derived from reliable data collection procedures that are grounded in prevention science, and comprehensive in scope.

While prevention program planning should continue to be locally based and directed to local community needs, this planning process is enhanced by utilizing sampling, data collection, and analysis procedures that are consistent across the Commonwealth and allow for comparison of local prevalence of risk and protective factors and youth ATOD use to Commonwealth-wide and prior year prevalence data. Through administration of the Virginia Community Youth Survey at selected points in the future (e.g., two-year intervals) local communities and the Commonwealth will be able to measure change in risk and protective factors and in the final outcome of interest—the use of ATODs by Virginia's youth.

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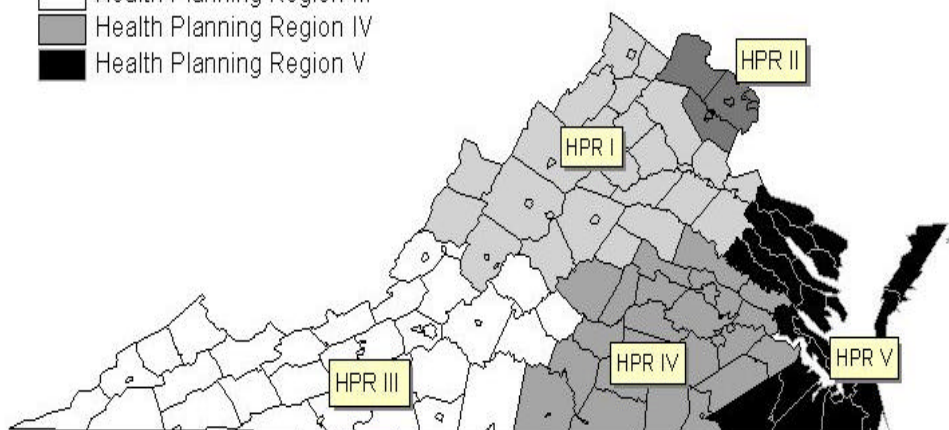
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APPENDIX 1

HPR/CSB/CITY AND COUNTY LISTING

Health Planning Regions of Virginia

-  Health Planning Region I
-  Health Planning Region II
-  Health Planning Region III
-  Health Planning Region IV
-  Health Planning Region V



HPR/CSB/CITY AND COUNTY LISTING

HEALTH PLANNING REGION I

Harrisonburg-Rockingham CSB

Rockingham County
City Harrisonburg

Northwestern Community Services

Clarke County
Frederick County
Page County
Shenandoah County
Warren County
City of Winchester

Rappahannock Area CSB

Caroline County
King George County
Spotsylvania County
Stafford County
City of Fredericksburg

Rappahannock-Rapidan CSB

Culpeper County
Fauquier County
Madison County
Orange County
Rappahannock County

Region Ten CSB

Albermarle County
Fluvanna County
Greene County
Louisa County
Nelson County
City of Charlottesville

Rockbridge Area CSB

Bath County
Rockbridge County
City of Buena Vista
City of Lexington

Valley CSB

Augusta County
Highland County
City of Staunton
City of Waynesboro

HEALTH PLANNING REGION II

Alexandria

City of Alexandria

Arlington CSB

Arlington County

Fairfax-Falls Church CSB

Fairfax County
City of Fairfax
City of Falls Church

Loudoun County CSB

Loudoun County

Prince William County CSB

Prince William County
City of Manassas
City of Manassas Park

HEALTH PLANNING REGION III

Alleghany Highlands Community Services

Alleghany County
City of Clifton Forge
City of Covington

Blue Ridge Behavioral Healthcare

Botetourt County
Craig County
Roanoke County
City of Roanoke
City of Salem

Central Virginia Community Services

Amherst County
Appomattox County
Bedford County
Campbell County
City of Bedford
City of Lynchburg

Cumberland Mountain Community Services

Buchanan County
Russell County
Tazewell County

Danville-Pittsylvania Community Services

Pittsylvania County
City of Danville

Dickenson County Community Services

Dickenson County

Highlands Community Services

Washington County
City of Bristol

Mount Rogers Community MH&MR Services Board

Bland County
Carroll County
Grayson County
Smyth County
Wythe County
City of Galax

New River Valley Community Services

Floyd County
Giles County
Montgomery County
Pulaski County
City of Radford

Piedmont Community Services

Franklin County
Henry County
Patrick County
City of Martinsville

Planning District 1 CSB

Lee County
Scott County
Wise County
City of Norton

HEALTH PLANNING REGION IV**Richmond Behavioral Health Authority**

City of Richmond

Southside CSB

Brunswick County
Halifax County
Mecklenburg County

Chesterfield CSB

Chesterfield County

Crossroads Services Board

Amelia County
Buckingham County
Charlotte County
Cumberland County
Lunenburg County
Nottoway County
Prince Edward County

District 19 CSB

Planning District 19
Dinwiddie County
Greensville County
Prince George County
Surry County
Sussex County
City of Colonial Heights
City of Emporia
City of Hopewell
City of Petersburg

Goochland-Powhatan Community Services

Goochland County
Powhatan County

Hanover County CSB

Hanover County

Henrico Area MH&R Services

Charles City County
Henrico County
New Kent County

HEALTH PLANNING REGION V**Middle Peninsula-Northern Neck CSB**

Essex County
Gloucester County
King County
Queen County
King William County
Lancaster County
Mathews County
Middlesex County
Northumberland County
Richmond County
Westmoreland County

Norfolk CSB

City of Norfolk

Chesapeake CSB

City of Chesapeake

Colonial Services

James City County
York County
City of Poquoson
City of Williamsburg

Eastern Shore Community Services

Accomack County
Northampton County

Hampton-Newport News CSB

City of Hampton
City of Newport News

Portsmouth Dept. of Behavioral Healthcare Services

City of Portsmouth

Virginia Beach CSB

City of Virginia Beach

Western Tidewater CSB

Isle of Wight County
Southampton County
City of Franklin
City of Suffolk

APPENDIX 2

ITEM CONSTRUCT DICTIONARY

COMMUNITY RISK FACTOR: Low Neighborhood Attachment**Variable Name: *CRLNA00* (4 point scale)**

I'd like to get out of my neighborhood. (Q0109)	NO! (1)	no (2)	yes (3)	YES! (4)
I like my neighborhood. (Q0102r)	NO! (4)	no (3)	yes (2)	YES! (1)
If I had to move, I would miss the neighborhood I now live in. (Q0100r)	NO! (4)	no (3)	yes (2)	YES! (1)

COMMUNITY RISK FACTOR: Community Disorganization**Variable Name: *CRHDO00* (4 point scale)**

How much do each of the following statements describe your neighborhood: (Q0103)

crime and/or drug selling. (Q0103a)	NO! (1)	no (2)	yes (3)	YES! (4)
fight. (Q0103b)	NO! (1)	no (2)	yes (3)	YES! (4)
lots of empty or abandoned buildings. (Q0103c)	NO! (1)	no (2)	yes (3)	YES! (4)
lots of graffiti. (Q0103d)	NO! (1)	no (2)	yes (3)	YES! (4)
I feel safe in my neighborhood. (Q0107r)	NO! (4)	no (3)	yes (2)	YES! (1)

COMMUNITY RISK FACTOR: Transitions and Mobility**Variable Name: *CRPTM00* (5 point scale)**

Have you changed homes in the past year (the last 12 months)? (Q0110r)	NO (1) YES (3)				
How many times have you changed homes since kindergarten? (Q0104)	Never (1)	1 or 2 times (2)	3 or 4 times (3)	5 or 6 times (4)	7 or more times (5)
Have you changed schools in the past year? (Q0106r)	NO (1) YES (3)				
How many times have you changed schools since kindergarten? (Q0108)	Never (1)	1 or 2 times (2)	3 or 4 times (3)	5 or 6 times (4)	7 or more times (5)

COMMUNITY RISK FACTOR: Laws and Norms Favorable to Drug Use**Variable Name: *CRLND00* (4 point scale)**

How wrong would most adults in your neighborhood think it was for kids your age: (Q0033)

to use marijuana. (Q0033a)	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)
to drink alcohol. (Q0033b)	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)
to smoke cigarettes. (Q0033c)	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)

If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police? (Q0029r)

NO! (4) no (3) yes (2) YES! (1)

If a kid smoked marijuana in your neighborhood would he or she be caught by the police? (Q0027r)

NO! (4) no (3) yes (2) YES! (1)

If a kid carried a handgun in your neighborhood would he or she be caught by the police? (Q0031r)

NO! (4) no (3) yes (2) YES! (1)

COMMUNITY RISK FACTOR: Perceived Availability of Drugs

Variable Name: *CRPAD00* (4 point scale)

If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some? (Q0025)	Very Hard (1)	Sort of Hard (2)	Sort of Easy (3)	Very Easy (4)
If you wanted to get some cigarettes, how easy would it be for you to get some? (Q0026)	Very Hard (1)	Sort of Hard (2)	Sort of Easy (3)	Very Easy (4)
If you wanted to get some marijuana, how easy would it be for you to get some? (Q0032)	Very Hard (1)	Sort of Hard (2)	Sort of Easy (3)	Very Easy (4)
If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some? (Q0028)	Very Hard (1)	Sort of Hard (2)	Sort of Easy (3)	Very Easy (4)
If you wanted to get a handgun, how easy would it be for you to get one? (Q0030)	Very Hard (1)	Sort of Hard (2)	Sort of Easy (3)	Very Easy (4)

COMMUNITY RISK FACTOR: Perceived Availability of Handguns

Variable Name: *CRPAG00* (4 point scale)

If you wanted to get a handgun, how easy would it be for you to get one? (Q0030)	Very Hard (1)	Sort of Hard (2)	Sort of Easy (3)	Very Easy (4)
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COMMUNITY PROTECTIVE FACTOR: Opportunities for Prosocial Involvement

Variable Name: *CPOPI98* (4 point scale)

There are lots of adults in my neighborhood I could talk to about something important. (Q0555)

NO! (1) no (2) yes (3) YES! (4)

Which of the following activities for people your age are available in your community?

sports teams. (Q2912r)	Yes (4) No (1)
scouting. (Q2913r)	Yes (4) No (1)
boys and girls clubs. (Q2914r)	Yes (4) No (1)
4-H clubs. (Q2915r)	Yes (4) No (1)
service clubs. (Q2916r)	Yes (4) No (1)

COMMUNITY PROTECTIVE FACTOR: Rewards for Prosocial Involvement

Variable Name: *CPRPI00* (4 point scale)

My neighbors notice when I am doing a good job and let me know. (Q0101)	NO! (1) no (2) yes (3) YES! (4)
There are people in my neighborhood who encourage me to do my best. (Q0111)	NO! (1) no (2) yes (3) YES! (4)
There are people in my neighborhood who are proud of me when I do something well. (Q0105)	NO! (1) no (2) yes (3) YES! (4)

FAMILY RISK FACTOR: Poor Family Management

Variable Name: *FRPFM98* (4 point scale)

My parents ask if I've gotten my homework done. (Q0078r)	NO! (4) no (3) yes (2) YES! (1)
Would your parents know if you did not come home on time? (Q0080r)	NO! (4) no (3) yes (2) YES! (1)
When I am not at home, one of my parents knows where I am and who I am with. (Q0079r)	NO! (4) no (3) yes (2) YES! (1)
The rules in my family are clear. (Q0076r)	NO! (4) no (3) yes (2) YES! (1)
My family has clear rules about alcohol and drug use. (Q0083r)	NO! (4) no (3) yes (2) YES! (1)
If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents? (Q0082r)	NO! (4) no (3) yes (2) YES! (1)
If you skipped school would you be caught by your parents? (Q0085r)	NO! (4) no (3) yes (2) YES! (1)
If you carried a handgun without your parents' permission, would you be caught by your parents? (Q0084r)	NO! (4) no (3) yes (2) YES! (1)

FAMILY RISK FACTOR: Family Conflict

Variable Name: *FRFCN00* (4 point scale)

People in my family often insult or yell at each other. (Q2909)	NO! (1) no (2) yes (3) YES! (4)
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People in my family have serious arguments. (Q2910)

NO! (1) no (2) yes (3) YES! (4)

We argue about the same things in my family over and over. (Q2911)

NO! (1) no (2) yes (3) YES! (4)

FAMILY RISK FACTOR: Family History of Antisocial Behavior

Variable Name: FRFAB00 (5 point scale)

Has anyone in your family ever had a severe alcohol or drug problem? (Q0077r)

No (1) Yes (5)

Have any of your brothers or sisters ever: (Q0075r)

drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)? (Q0075ar)

No (1) Yes (5) I Don't Have Any Brothers or Sisters (missing)

smoked marijuana? (Q0075br)

No (1) Yes (5) I Don't Have Any Brothers or Sisters (missing)

smoked cigarettes? (Q0075cr)

No (1) Yes (5) I Don't Have Any Brothers or Sisters (missing)

taken a handgun to school? (Q0075dr)

No (1) Yes (5) I Don't Have Any Brothers or Sisters (missing)

been suspended or expelled from school? (Q0075er)

No (1) Yes (5) I Don't Have Any Brothers or Sisters (missing)

About how many adults have you known personally who in the past year have: (Q0034)

used marijuana, crack, cocaine, or other drugs? (Q0034a)

None (1) 1 adult (2) 2 adults (3) 3 or 4 adults (4) 5 or more adults (5)

sold or dealt drugs? (Q0034b)

None (1) 1 adult (2) 2 adults (3) 3 or 4 adults (4) 5 or more adults (5)

done other things that could get them in trouble with the police like stealing, selling stolen goods, mugging or assaulting others, etc. (Q0034c)

None (1) 1 adult (2) 2 adults (3) 3 or 4 adults (4) 5 or more adults (5)

gotten drunk or high? (Q0034d)

None (1) 1 adult (2) 2 adults (3) 3 or 4 adults (4) 5 or more adults (5)

FAMILY RISK FACTOR: Parental Attitudes Favorable Toward Drug Use

Variable Name: FRPFD00 (4 point scale)

How wrong do your parents feel it would be for you to: (Q0074)

drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly? (Q0074a) Very Wrong (1) Wrong (2) A Little Bit Wrong (3) Not Wrong at All (4)

smoke cigarettes? (Q0074b) Very Wrong (1) Wrong (2) A Little Bit Wrong (3) Not Wrong at All (4)

smoke marijuana? (Q0074c) Very Wrong (1) Wrong (2) A Little Bit Wrong (3) Not Wrong at All (4)

FAMILY RISK FACTOR: Parental Attitudes Favorable to Antisocial Behavior**Variable Name: *FRPAB00* (4 point scale)***How wrong do your parents feel it would be for you to: (Q0074)*

steal anything worth more than \$5? (Q0074d)	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)
draw graffiti, or write things or draw pictures on buildings or other property (without the owner's permission)? (Q0074e)	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)
pick a fight with someone? (Q0074f)	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)

FAMILY RISK FACTOR: Attachment**Variable Name: *FPATT00* (4 point scale)**

Do you feel very close to your mother? (Q0087)	NO! (1)	no (2)	yes (3)	YES! (4)
Do you share your thoughts and feelings with your mother? (Q0088)	NO! (1)	no (2)	yes (3)	YES! (4)
Do you feel very close to your father? (Q0097)	NO! (1)	no (2)	yes (3)	YES! (4)
Do you share your thoughts and feelings with your father? (Q0092)	NO! (1)	no (2)	yes (3)	YES! (4)

FAMILY PROTECTIVE FACTOR: Opportunities for Prosocial Involvement**Variable Name: *FPOPI00* (4 point scale)**

My parents give me lots of chances to do fun things with them. (Q0099)	NO! (1)	no (2)	yes (3)	YES! (4)
My parents ask me what I think before most family decisions affecting me are made. (Q0089)	NO! (1)	no (2)	yes (3)	YES! (4)
If I had a personal problem, I could ask my mom or dad for help. (Q0096)	NO! (1)	no (2)	yes (3)	YES! (4)

FAMILY PROTECTIVE FACTOR: Rewards for Prosocial Involvement**Variable Name: *FPRPI00* (4 point scale)**

My parents notice when I am doing a good job and let me know about it. (Q0086)	Never or Almost Never (1)	Sometimes (2)	Often (3)	All the Time (4)
--	---------------------------	---------------	-----------	------------------

How often do your parents tell you they're proud of you for something you've done? (Q0091)

Never or Almost Never (1) Sometimes (2) Often (3) All the Time (4)

Do you enjoy spending time with your father? (Q0094)

NO! (1) no (2) yes (3) YES! (4)

Do you enjoy spending time with your mother? (Q0093)

NO! (1) no (2) yes (3) YES! (4)

SCHOOL RISK FACTOR: Academic Failure

Variable Name: **SRACF00** (4 point scale)

Putting them all together, what were your grades like last year? (Q0013r)

Mostly F's (4) Mostly D's (3.25) Mostly C's (2.5) Mostly B's (1.75) Mostly A's (1)

Are your school grades better than the grades of most students in your class? (Q0023r)

NO! (4) no (3) yes (2) YES! (1)

SCHOOL RISK FACTOR: Low Commitment to School

Variable Name: **SRLCS00** (5 point scale)

How often do you feel that the school work you are assigned is meaningful and important? (Q3681)

Almost Always (1) Often (2) Sometimes (3) Seldom (4) Never (5)

How interesting are most of your courses to you? (Q3682)

Very (1) Interesting and Stimulating
Quite (2) Interesting
Fairly (3) Interesting
Slightly (4) Dull
Very (5) Dull

How important do you think the things you are learning in school are going to be for your later life? (Q3683)

Very (1) Important
Quite (2) Important
Fairly (3) Important
Slightly (4) Important
Not at all (5) Important

Now, thinking back over the past year in school, how often did you...

Enjoy being in school? (Q3684r)

Never (5) Seldom (4) Sometimes (3) Often (2) Almost Always (1)

Hate being in school? (Q3685)

Never (1) Seldom (2) Sometimes (3) Often (4) Almost Always (5)

Try to do your best work in school? (Q3686r)

Never (5) Seldom (4) Sometimes (3) Often (2) Almost Always (1)

During the LAST FOUR WEEKS how many whole days have you missed because you skipped or "cut" (Q0738r)

None (1) 1 (1.67) 2 (2.33) 3 (3) 4-5 (3.67) 6-10 (4.33) 11 or more (5)

SCHOOL PROTECTIVE FACTOR: Opportunities for Prosocial Involvement

Variable Name: **SPOPI00** (4 point scale)

In my school, students have lots of chances to help decide things like class activities and rules. (Q0014)

NO! (1) no (2) yes (3) YES! (4)

There are lots of chances for students in my school to talk with a teacher one-on-one. (Q0017)

NO! (1) no (2) yes (3) YES! (4)

Teachers ask me to work on special classroom projects. (Q2891)

NO! (1) no (2) yes (3) YES! (4)

There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class. (Q2057)

NO! (1) no (2) yes (3) YES! (4)

I have lots of chances to be part of class discussions or activities. (Q3668)

NO! (1) no (2) yes (3) YES! (4)

SCHOOL PROTECTIVE FACTOR: Rewards for Prosocial Involvement

Variable Name: *SPRPI00* (4 point scale)

My teacher(s) notices when I am doing a good job and lets me know about it. (Q0015)

NO! (1) no (2) yes (3) YES! (4)

The school lets my parents know when I have done something well. (Q0021)

NO! (1) no (2) yes (3) YES! (4)

I feel safe at my school. (Q0018)

NO! (1) no (2) yes (3) YES! (4)

My teachers praise me when I work hard in school. (Q0731)

NO! (1) no (2) yes (3) YES! (4)

PEER-INDIVIDUAL RISK FACTOR: Rebelliousness

Variable Name: *PRREB00* (4 point scale)

I do the opposite of what people tell me, just to get them mad. (Q0055)

Very False (1) Somewhat False (2) Somewhat True (3) Very True (4)

I ignore rules that get in my way. (Q0062)

Very False (1) Somewhat False (2) Somewhat True (3) Very True (4)

I like to see how much I can get away with. (Q0073)

Very False (1) Somewhat False (2) Somewhat True (3) Very True (4)

PEER-INDIVIDUAL RISK FACTOR: Early Initiation of Drugs

Variable Name: *PREID00* (9 point scale - Mean)

How old were you when you first: (Q0060)

smoked marijuana? (Q0060ar)

Never Have (0) 10 or Younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or Older (1)

smoked a cigarette, even just a puff? (Q0060br)

Never Have (0) 10 or Younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or Older (1)

had more than a sip or two of beer, wine or hard liquor
(for example, vodka, whiskey, or gin)? (**Q0060cr**)

Never Have (0) 10 or Younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or Older (1)

began drinking alcoholic beverages regularly, that is, at least once or twice a month?
(**Q0060dr**)

Never Have (0) 10 or Younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or Older (1)

PEER-INDIVIDUAL RISK FACTOR: Early Initiation of Problem Behavior

Variable Name: *PREIP00* (9 point scale - Mean)

How old were you when you first: (**Q0060**)

got suspended from school? (**Q0060er**)

Never Have (0) 10 or Younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or Older (1)

got arrested? (**Q0060fr**)

Never Have (0) 10 or Younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or Older (1)

carried a handgun? (**Q0060gr**)

Never Have (0) 10 or Younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or Older (1)

attacked someone with the idea of seriously hurting them? (**Q0060hr**)

Never Have (0) 10 or Younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or Older (1)

PEER-INDIVIDUAL RISK FACTOR: Favorable Attitudes Toward Antisocial Behavior

Variable Name: *PRATA00* (4 point scale)

How wrong do you think it is for someone your age to: (**Q0061**)

take a handgun to school? (**Q0061a**)

Very Wrong (1) Wrong (2) A Little Bit Wrong (3) Not Wrong at All (4)

steal anything worth more than \$5? (**Q0061b**)

Very Wrong (1) Wrong (2) A Little Bit Wrong (3) Not Wrong at All (4)

pick a fight with someone? (**Q0061c**)

Very Wrong (1) Wrong (2) A Little Bit Wrong (3) Not Wrong at All (4)

attack someone with the idea of seriously hurting them? (**Q0061d**)

Very Wrong (1) Wrong (2) A Little Bit Wrong (3) Not Wrong at All (4)

stay away from school all day when their parents think they are at school? (**Q0660**)

Very Wrong (1) Wrong (2) A Little Bit Wrong (3) Not Wrong at All (4)

PEER-INDIVIDUAL RISK FACTOR: Favorable Attitudes Toward Drug Use

Variable Name: *PRFAD00* (4 point scale)

How wrong do you think it is for someone your age to: (**Q0067**)

drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly? (**Q0067a**) Very Wrong (1) Wrong (2) A Little Bit Wrong (3) Not Wrong at All (4)

smoke cigarettes? (Q0067b)	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)
smoke marijuana? (Q0067c)	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)
use LSD, cocaine, amphetamines or another illegal drug? (Q0067d)	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)

PEER-INDIVIDUAL RISK FACTOR: Intentions to Use

Variable Name: **PRIDU00** (4 point scale)

Sometimes we don't know what we will do as adults, but we may have an idea. Please tell me how true these statements may be for you as an adult.

When I am an adult I will smoke cigarettes (Q3932)	NO! (1)	no (2)	yes (3)	YES! (4)
When I am an adult I will drink beer, wine, or liquor (Q3933)	NO! (1)	no (2)	yes (3)	YES! (4)
When I am an adult I will smoke marijuana (Q3934)	NO! (1)	no (2)	yes (3)	YES! (4)

PEER-INDIVIDUAL RISK FACTOR: Perceived Risks of Drug Use

Variable Name: **PRPRD00** (4 point scale)

How much do you think people risk harming themselves (physically or in other ways) if they:

Smoke one or more packs of cigarettes per day? (Q3687r)	No risk (4)	Slight Risk (3)	Moderate Risk (2)	Great Risk (1)
Try marijuana once or twice? (Q3679r)	No risk (4)	Slight Risk (3)	Moderate Risk (2)	Great Risk (1)
Smoke marijuana regularly? (Q3688r)	No risk (4)	Slight Risk (3)	Moderate Risk (2)	Great Risk (1)
Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day? (Q3680r)	No risk (4)	Slight Risk (3)	Moderate Risk (2)	Great Risk (1)

PEER-INDIVIDUAL RISK FACTOR: Interaction with Antisocial Peers

Variable Name: **PRIAP00** (5 point scale)

Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: (Q0065)

been suspended from school? (Q0065a)	None (0)	1 (1)	2 (2)	3 (3)	4 (4)
carried a handgun? (Q0065b)	None (0)	1 (1)	2 (2)	3 (3)	4 (4)
sold illegal drugs? (Q0065c)	None (0)	1 (1)	2 (2)	3 (3)	4 (4)

stolen or tried to steal a motor vehicle such as a car or motorcycle? (Q0065d)	None (0)	1 (1)	2 (2)	3 (3)	4 (4)
been arrested? (Q0065e)	None (0)	1 (1)	2 (2)	3 (3)	4 (4)
dropped out of school? (Q0065f)	None (0)	1 (1)	2 (2)	3 (3)	4 (4)

PEER-INDIVIDUAL RISK FACTOR: Friends' Use of Drugs

Variable Name: *PRFUD00* (5 point scale)

Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: (Q0058)

smoked cigarettes? (Q0058a)	None (0)	1 (1)	2 (2)	3 (3)	4 (4)
tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it? (Q0058b)	None (0)	1 (1)	2 (2)	3 (3)	4 (4)
used marijuana? (Q0058c)	None (0)	1 (1)	2 (2)	3 (3)	4 (4)
used LSD, cocaine, amphetamines, or other illegal drugs? (Q0058d)	None (0)	1 (1)	2 (2)	3 (3)	4 (4)

PEER-INDIVIDUAL RISK FACTOR: Sensation Seeking

Variable Name: *PRSNS00* (6 point scale)

How many times have you done the following things? (Q0057)

Done what feels good no matter what. (Q0057a)	Never (1)	I've done it, but not in the past year (2)	Less than once a month (3)	About once a month (4)	2 or 3 times a month (5)	Once a week or more (6)
Done something dangerous because someone dared you to do it. (Q0057b)	Never (1)	I've done it, but not in the past year (2)	Less than once a month (3)	About once a month (4)	2 or 3 times a month (5)	Once a week or more (6)
Done crazy things even if they are a little dangerous. (Q0057c)	Never (1)	I've done it, but not in the past year (2)	Less than once a month (3)	About once a month (4)	2 or 3 times a month (5)	Once a week or more (6)

PEER-INDIVIDUAL RISK FACTOR: Rewards for Antisocial Involvement

Variable Name: *PRRAI00* (5 point scale)

What are the chances you would be seen as cool if you: (Q0059)

smoked cigarettes? (Q0059a)	No or Very Little Chance (1)	Little Chance (2)	Some Chance (3)	Pretty Good Chance (4)	Very Good Chance (5)
began drinking alcoholic beverages regularly, that is, at least once or twice a month? (Q0059b)	No or Very Little Chance (1)	Little Chance (2)	Some Chance (3)	Pretty Good Chance (4)	Very Good Chance (5)

smoked marijuana? (Q0059c) No or Very Little Chance (1) Little Chance (2) Some Chance (3) Pretty Good Chance (4) Very Good Chance (5)

carried a handgun? (Q0059d) No or Very Little Chance (1) Little Chance (2) Some Chance (3) Pretty Good Chance (4) Very Good Chance (5)

PEER INDIVIDUAL RISK FACTOR: Gang Involvement

Variable Name: *PRGAN00* (9 point scale)

Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have: (Q0065)

been members of a gang? (Q0065gr) None (0) 1 (2) 2 (4) 3 (6) 4 (8)

Now we ask some questions about gangs:

Have you ever belonged to a gang? (Q2561r) No (0) Yes (8)

If you have ever belonged to a gang, did that gang have a name? (Q3678r) No (1) Yes (8) I Have Never Belonged to a Gang (0)

How old were you when you first: (Q0060)

belonged to a gang? (Q0060ir) Never Have (0) 10 or Younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or Older (1)

PEER-INDIVIDUAL PROTECTIVE FACTOR: Religiosity

Variable Name: *PPREL00* (4 point scale)

How often do you attend religious services or activities? (Q0054) Never (1) Rarely (2) 1-2 Times a Month (3) About Once a Week or More (4)

PEER-INDIVIDUAL PROTECTIVE FACTOR: Social Skills

Variable Name: *PPSOS00* (4 point scale)

You're looking at CD's in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now? (Q0068r)

- Ignore her (2)
- Grab a CD and leave the store (1)
- Tell her to put the CD back (3)
- Act like it's a joke, and ask her to put the CD back (4)

It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now? (Q0069r)

Leave the house anyway (1)
 Explain what you are going to do with your friends, tell her when you'd get home, and ask if you can go out (4)
 Not say anything and start watching TV (3)
 Get into an argument with her (2)

You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do? **(Q0070r)**

Push the person back (1)
 Say "Excuse me" and keep on walking (4)
 Say "Watch where you're going" and keep on walking (3)
 Swear at the person and walk away (2)

You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do? **(Q0071r)**

Drink it (1)
 Tell your friend "No thanks, I don't drink" and suggest that you and your friend go and do something else (4)
 Just say "No, thanks" and walk away (3)
 Make up a good excuse, tell your friend you had something else to do, and leave (2)

PEER-INDIVIDUAL PROTECTIVE FACTOR: Belief in the Moral Order

Variable Name: *PPBMO00* (4 point scale)

I think it is okay to take something without asking if you can get away with it. (Q0056r)	NO! (4) no (3) yes (2) YES! (1)
I think sometimes it's okay to cheat at school. (Q0072r)	NO! (4) no (3) yes (2) YES! (1)
It is all right to beat up people if they start the fight. (Q0063r)	NO! (4) no (3) yes (2) YES! (1)
It is important to be honest with your parents, even if they become upset or you get punished. (Q0064)	NO! (1) no (2) yes (3) YES! (4)

OUTCOME MEASURE: Depression

Variable Name: *DEPRESS* (4 point scale)

Sometimes I think that life is not worth it. (Q3674)	NO! (1) no (2) yes (3) YES! (4)
At times I think I am no good at all. (Q3675)	NO! (1) no (2) yes (3) YES! (4)
All in all, I am inclined to think that I am a failure. (Q3676)	NO! (1) no (2) yes (3) YES! (4)
In the past year have you felt depressed or sad MOST days, even if you felt OK sometimes? (Q3677)	NO! (1) no (2) yes (3) YES! (4)

OUTCOME MEASURE: Antisocial BehaviorVariable Name: *ASBEHVOR* (8 point scale)*How many times in the past year (12 months) have you: (Q0066)*

- been suspended from school? **(Q0066a)** Never (1) 1 or 2 Times (2) 3 to 5 Times (3) 6 to 9 Times (4) 10 to 19 Times (5) 20 to 29 Times (6) 30 to 39 Times (7) 40+ Times (8)
- carried a handgun? **(Q0066b)** Never (1) 1 or 2 Times (2) 3 to 5 Times (3) 6 to 9 Times (4) 10 to 19 Times (5) 20 to 29 Times (6) 30 to 39 Times (7) 40+ Times (8)
- sold illegal drugs? **(Q0066c)** Never (1) 1 or 2 Times (2) 3 to 5 Times (3) 6 to 9 Times (4) 10 to 19 Times (5) 20 to 29 Times (6) 30 to 39 Times (7) 40+ Times (8)
- stolen or tried to steal a motor vehicle
such as a car or motorcycle? **(Q0066d)** Never (1) 1 or 2 Times (2) 3 to 5 Times (3) 6 to 9 Times (4) 10 to 19 Times (5) 20 to 29 Times (6) 30 to 39 Times (7) 40+ Times (8)
- been arrested? **(Q0066e)** Never (1) 1 or 2 Times (2) 3 to 5 Times (3) 6 to 9 Times (4) 10 to 19 Times (5) 20 to 29 Times (6) 30 to 39 Times (7) 40+ Times (8)
- attacked someone with the idea
of seriously hurting them? **(Q0066f)** Never (1) 1 or 2 Times (2) 3 to 5 Times (3) 6 to 9 Times (4) 10 to 19 Times (5) 20 to 29 Times (6) 30 to 39 Times (7) 40+ Times (8)
- been drunk or high at school? **(Q0066g)** Never (1) 1 or 2 Times (2) 3 to 5 Times (3) 6 to 9 Times (4) 10 to 19 Times (5) 20 to 29 Times (6) 30 to 39 Times (7) 40+ Times (8)
- taken a handgun to school? **(Q0066h)** Never (1) 1 or 2 Times (2) 3 to 5 Times (3) 6 to 9 Times (4) 10 to 19 Times (5) 20 to 29 Times (6) 30 to 39 Times (7) 40+ Times (8)

APPENDIX 3

VIRGINIA COMMUNITY YOUTH SURVEY



000661

OMB No.: 0930-0185
Expiration Date: 6/30/01

COMMONWEALTH of VIRGINIA VIRGINIA COMMUNITY YOUTH SURVEY

Thank you for accepting the invitation to participate in this study. The questions contained in this booklet are designed to obtain your opinion about a number of things concerning you, your friends, your family, your neighborhood and your community. In a sense, many of your answers will count as "votes" on a wide range of important issues.

In order for this study to be helpful, it is important that you answer each question as thoughtfully and honestly as possible. All of your answers will be kept strictly confidential and will never be seen by anyone at your school. This study is completely voluntary so you may skip any question that you do not wish to answer.

Be sure to read the instructions below before you begin to answer. Thank you very much for being an important part of this project.

INSTRUCTIONS

1. This is not a test, so there are no right or wrong answers.
2. All of the questions should be answered by marking one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.
3. Your answers will be read automatically by a machine called an optical mark reader. Please follow these directions carefully:
 - Use a No. 2 pencil.
 - Make heavy black marks inside the ovals.
 - Erase cleanly any answer you wish to change.
 - Make no other markings or comments on the survey pages, since they interfere with the automatic reading.
 - Do NOT write your name anywhere on this booklet.

This kind of mark will work:

Correct Mark

① ② ③ ④ ⑤

These kinds of marks will

NOT work:

Incorrect Marks

~~①~~ ~~②~~ ~~③~~ ~~④~~ ~~⑤~~

DEMOGRAPHICS AND SCHOOL CLIMATE

The following numbers will be provided to you by the person administering this survey. Please write the numbers in the space provided and then darken the ovals corresponding to those numbers.

SCHOOL DISTRICT

BUILDING

REGION

COUNTY
(where student lives)

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for reviewing instructions and completing and reviewing the questionnaire. Send comments regarding this burden estimate or any other aspect of the collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0185.

1. How old are you?
- ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14
- ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 or older

2. What grade are you in?
- ☐ 6th ☐ 8th ☐ 10th ☐ 12th

3. Are you: ☐ Female ☐ Male

- 4a. What do you consider yourself to be?

(Select one only)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

- 4b. What do you consider yourself to be?

(Select one or more)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

5. Think of where you live most of the time. Which of the following people live there with you?

(Choose all that apply)

- ☐ Mother ☐ Father ☐ Other adults
- ☐ Foster mother ☐ Foster father ☐ Sister(s)
- ☐ Stepmother ☐ Stepfather ☐ Stepsister(s)
- ☐ Grandmother ☐ Grandfather ☐ Brother(s)
- ☐ Aunt ☐ Uncle ☐ Stepbrother(s)
- ☐ Other children

6. How many brothers and sisters, including stepbrothers and stepsisters, do you have that are older than you?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more

7. How many brothers and sisters, including stepbrothers and stepsisters, do you have that are younger than you?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 or more

8. What is the language you use most often at home?

☐ English ☐ Spanish ☐ Another Language

9. What is the Zip code where you live?

2				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

10. What is the highest level of schooling your father completed?

- ☐ Completed grade school or less ☐ Some college
- ☐ Some high school ☐ Completed college
- ☐ Completed high school ☐ Graduate or professional school after college
- ☐ Do not know ☐ Does not apply

11. What is the highest level of schooling your mother completed?

- ☐ Completed grade school or less ☐ Some college
- ☐ Some high school ☐ Completed college
- ☐ Completed high school ☐ Graduate or professional school after college
- ☐ Do not know ☐ Does not apply

12. Where are you living now?

- ☐ On a farm
- ☐ In the country, not on a farm
- ☐ In a city, town, or suburb

13. Putting them all together, what were your grades like last year?

Mostly Mostly Mostly Mostly Mostly

☐ F's ☐ D's ☐ C's ☐ B's ☐ A's

14. During the LAST FOUR WEEKS how many whole days of school have you missed

a. because of illness?

- ☐ None ☐ 2 days ☐ 4-5 days ☐ 11 or more days
- ☐ 1 day ☐ 3 days ☐ 6-10 days

b. because you skipped or "cut"?

- ☐ None ☐ 2 days ☐ 4-5 days ☐ 11 or more days
- ☐ 1 day ☐ 3 days ☐ 6-10 days

c. for other reasons?

- ☐ None ☐ 2 days ☐ 4-5 days ☐ 11 or more days
- ☐ 1 day ☐ 3 days ☐ 6-10 days

15. In my school, students have lots of chances to help decide things like class activities and rules.

16. Teachers ask me to work on special classroom projects.

17. My teacher(s) notices when I am doing a good job and lets me know about it.

18. There are a lot of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

19. There are lots of chances for students in my school to talk with a teacher one-on-one.

20. I feel safe at my school.

21. The school lets my parents know when I have done something well.

NO!	no	yes	YES!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. My teachers praise me when I work hard in school.

NO!	no	yes	YES!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Are your school grades better than the grades of most students in your class?

24. I have lots of chances to be part of class discussions or activities.

25. How often do you feel that the school work you are assigned is meaningful and important?

- ☐ Never ☐ Often
☐ Seldom ☐ Almost Always
☐ Sometimes

26. How interesting are most of your courses to you?

- ☐ Very interesting and stimulating ☐ Fairly interesting
☐ Quite interesting ☐ Slightly dull ☐ Very dull

27. How important do you think the things you are learning in school are going to be for your later life?

- ☐ Very important ☐ Slightly important
☐ Quite important ☐ Not at all important
☐ Fairly important

28. Now thinking back over the past year in school, how often did you:

	Almost always	Often	Sometimes	Seldom	Never
a. enjoy being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. hate being in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. try to do your best work in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEER INFLUENCES

29. Think of your **four best friends** (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

	None	1	2	3	4
a. smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. used marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. stolen or tried to steal a motor vehicle such as a car or a motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. dropped out of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. been members of a gang?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. How old were you when you first:

	10 or Younger	11	12	13	14	15	16	17 or Older
a. smoked marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoked a cigarette, even just a puff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. began drinking alcoholic beverages regularly that is, at least once or twice a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. got suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. got arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. belonged to a gang?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. How wrong do you think it is for someone your age to:

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
a. take a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. steal anything worth more than \$5.00?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. attack someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. stay away from school all day when their parents think they are at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. use LSD, cocaine, amphetamines, or another illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. I ignore rules that get in my way.

- ☐ Very false ☐ Somewhat true
☐ Somewhat false ☐ Very true

33. It is all right to beat up people if they start the fight.

- ☐ NO! ☐ no ☐ yes ☐ YES!

34. It is important to be honest with your parents, even if they become upset or you get punished.

- ☐ NO! ☐ no ☐ yes ☐ YES!

35. I do the opposite of what people tell me, just to get them mad.

- ☐ Very false ☐ Somewhat true
☐ Somewhat false ☐ Very true

36. I think it is okay to take something without asking if you can get away with it.

- ☐ NO! ☐ no ☐ yes ☐ YES!

37. How many times have you done the following things?

	Once a week or more	Two or three times a month	About once a month	Less than once a month	I've done it, but not in the past year	Never
a. Done what feels good no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Done something dangerous because someone dared you to do it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Done crazy things even if they are a little dangerous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. Have you ever belonged to a gang? ☐ Yes ☐ No

39. If you have ever belonged to a gang, did the gang have a name?

- ☐ Yes ☐ No ☐ I never have belonged to a gang

40. How many times in the past year (the last 12 months) have you:

	40+ Times	30 to 39 Times	20 to 29 Times	10 to 19 Times	6 to 9 Times	3 to 5 Times	1 to 2 Times	Never
a. been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. stolen or tried to steal a motor vehicle such as a car or a motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. been drunk or high at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. taken a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. What are the chances you would be seen as cool if you:

	Very good chance	Pretty good chance	Some chance	Little chance	No or very little chance
a. smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. began drinking alcoholic beverages regularly, at least once or twice a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoked marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. You are looking at CD's in the music store with a friend. You look up and see her slip a CD under her coat. She smiles and says, "Which one do you want? Go ahead, take it while nobody's around." There is no one in sight, no employees or other customers. What would you do now?

- ☐ Ignore her
☐ Grab a CD and leave the store
☐ Tell her to put the CD back
☐ Act like it is a joke, and ask her to put the CD back

43. It is 8:00 on a weeknight and you are about to go over to a friend's house when your mother asks you where you are going. You say, "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

- ☐ Leave the house anyway
☐ Explain what you are going to do with your friends, tell her when you will get home, and ask if you can go out
☐ Not say anything and start watching TV
☐ Get into an argument with her

44. You are visiting another part of town, and you do not know any of the people your age there. You are walking down the street, and some teenager you do not know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?

- ☐ Push the person back
☐ Say "Excuse me" and keep on walking
☐ Say "Watch where you're going" and keep on walking
☐ Swear at the person and walk away

45. You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

- ☐ Drink it
☐ Tell your friend, "No thanks, I don't drink" and suggest that you and your friend go and do something else
☐ Just say, "No thanks" and walk away
☐ Make up a good excuse, tell your friend you had something else to do, and leave

46. I think sometimes it is okay to cheat at school.

- ☐ NO! ☐ no ☐ yes ☐ YES!

47. I like to see how much I can get away with.

- ☐ Very false ☐ Somewhat true
☐ Somewhat false ☐ Very true

48. It is important to think before you act.

49. Do you have to have everything right away?

50. Do you often switch from activity to activity rather than sticking to one thing at a time?

51. I often do things without thinking about what will happen.

NO!	no	yes	YES!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. How much do you think people risk harming themselves (physically or in other ways) if they:

	No risk	Slight risk	Moderate risk	Great risk
a. Smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Smoke marijuana regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRUG/ALCOHOL USAGE

53. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?

- ☐ Never ☐ Regularly in the past
☐ Once or twice ☐ Regularly now
☐ Once in a while but not regularly

54. How frequently have you used smokeless tobacco during the past 30 days?

- ☐ Never ☐ About once a day
☐ Once or twice ☐ More than once a day
☐ Once or twice a week

55. Have you ever smoked cigarettes?

- ☐ Never ☐ Regularly in the past
☐ Once or twice ☐ Regularly now
☐ Once in a while but not regularly

56. How frequently have you smoked cigarettes during the past 30 days?

- ☐ Not at all
☐ Less than one cigarette per day
☐ One to five cigarettes per day
☐ About one-half pack per day
☐ About one pack per day
☐ About one and one-half packs per day
☐ Two packs or more per day

57. On how many occasions have you had beer, wine, or hard liquor to drink in your lifetime? (more than just a few sips)

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

58. On how many occasions (if any) have you had beer, wine, or hard liquor during the past 30 days?

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

59. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

- ☐ None ☐ 3 - 5 times
☐ 1 time ☐ 6 - 9 times
☐ 2 times ☐ 10 or more times

60. On how many occasions (if any) have you used marijuana in your lifetime?

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

61. On how many occasions (if any) have you used marijuana during the past 30 days?

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

62. On how many occasions (if any) have you used LSD or other psychedelics in your lifetime?

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

63. On how many occasions (if any) have you used LSD or other psychedelics during the past 30 days?

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

64. On how many occasions (if any) have you used cocaine or crack in your lifetime?

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

65. On how many occasions (if any) have you used cocaine or crack during the past 30 days?

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

66. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high in your lifetime?

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

67. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays in order to get high during the past 30 days?

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

68. On how many occasions (if any) have you taken methamphetamines in your lifetime?

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

69. On how many occasions (if any) have you taken methamphetamines in the past 30 days?

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

70. On how many occasions (if any) have you used derbisol in your lifetime?

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

71. On how many occasions (if any) have you used derbisol during the past 30 days?

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

72. On how many occasions (if any) have you used other drugs in your lifetime?

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

73. On how many occasions (if any) have you used other drugs during the past 30 days?

- ☐ 0 - occasions ☐ 10 - 19 occasions
☐ 1 - 2 occasions ☐ 20 - 39 occasions
☐ 3 - 5 occasions ☐ 40 or more occasions
☐ 6 - 9 occasions

COMMUNITY-BASED PERCEPTIONS

74. If you wanted to get some beer, wine, or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

- ☐ Very hard ☐ Sort of easy
☐ Sort of hard ☐ Very easy

75. If you wanted to get some cigarettes, how easy would it be for you to get some?

- ☐ Very hard ☐ Sort of easy
☐ Sort of hard ☐ Very easy

76. If a kid smokes marijuana in your neighborhood, or the area around where you live, would he or she be caught by the police?

- ☐ NO! ☐ no ☐ yes ☐ YES!

77. If you wanted to get drugs like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

- ☐ Very hard ☐ Sort of easy
☐ Sort of hard ☐ Very easy

78. If a kid drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood, or the area around where you live, would he or she be caught by the police?

- ☐ NO! ☐ no ☐ yes ☐ YES!

79. If you wanted to get a handgun, how easy would it be for you to get one?

- ☐ Very hard ☐ Sort of easy
☐ Sort of hard ☐ Very easy

80. If a kid carried a handgun in your neighborhood, or the area around where you live, would he or she be caught by the police?

- ☐ NO! ☐ no ☐ yes ☐ YES!

81. If you wanted to get some marijuana, how easy would it be for you to get some?

- ☐ Very hard ☐ Sort of easy
☐ Sort of hard ☐ Very easy

82. If a kid smoked cigarettes in your neighborhood, or the area around where you live, would he or she be caught by the police?

- ☐ NO! ☐ no ☐ yes ☐ YES!

83. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age:

	Not Wrong at All	A Little Bit Wrong	Wrong	Very Wrong
a. to use marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. to drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. to smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

84. About how many adults have you known personally who in the past year have:

a. used marijuana, crack, cocaine, or other drugs?

- ☐ None ☐ 1 adult ☐ 3 or 4 adults
☐ 2 adults ☐ 5 or more adults

b. sold or dealt drugs?

- ☐ None ☐ 1 adult ☐ 3 or 4 adults
☐ 2 adults ☐ 5 or more adults

c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc?

- ☐ None ☐ 1 adult ☐ 3 or 4 adults
☐ 2 adults ☐ 5 or more adults

d. gotten drunk or high?

- ☐ None ☐ 1 adult ☐ 3 or 4 adults
☐ 2 adults ☐ 5 or more adults

85. If I had to move, I would miss the neighborhood I now live in.

NO!	no	yes	YES!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

86. My neighbors notice when I am doing a good job and let me know about it.

87. I like my neighborhood, or the area around where I live.

88. There are lots of adults in my neighborhood I could talk to about something important.

89. How much do each of the following statements describe your neighborhood, or the area around where you live?

a. crime and/or drug selling

b. fights

c. lots of empty or abandoned buildings

d. lots of graffiti

NO!	no	yes	YES!
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90. People move in and out of my neighborhood a lot.

☐ NO! ☐ no ☐ yes ☐ YES!

91. How many times have you changed homes since kindergarten?

☐ Never ☐ 3 - 4 times ☐ 7 or more times
☐ 1 - 2 times ☐ 5 - 6 times

92. There are people in my neighborhood, or the area around where I live, who are proud of me when I do something well.

☐ NO! ☐ no ☐ yes ☐ YES!

93. Which of the following activities for people your age are available in your community?

a. sports teams ☐ Yes ☐ No
 b. scouting ☐ Yes ☐ No
 c. boys and girls clubs ☐ Yes ☐ No
 d. 4-H clubs ☐ Yes ☐ No
 e. service clubs ☐ Yes ☐ No

94. Have you changed schools in the past year (the last 12 months)?

☐ No ☐ Yes

95. I feel safe in my neighborhood, or the area around where I live.

☐ NO! ☐ no ☐ yes ☐ YES!

96. How many times have you changed schools since kindergarten?

☐ Never ☐ 3 - 4 times ☐ 7 or more times
☐ 1 - 2 times ☐ 5 - 6 times

97. I would like to get out of my neighborhood, or the area around where I live.

☐ NO! ☐ no ☐ yes ☐ YES!

98. Have you changed homes in the past year (the last 12 months)?

☐ No ☐ Yes

99. There are people in my neighborhood, or the area around where I live, who encourage me to do my best.

☐ NO! ☐ no ☐ yes ☐ YES!

100. How often do you attend religious services or activities?

☐ Never ☐ 1-2 times a month
☐ Rarely ☐ About once a week or more

FAMILY DOMAIN

101. How wrong do your parents feel it would be for you to:

	Not Wrong at All	A Little Bit Wrong	Wrong	Very Wrong
a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. steal anything worth more than \$5.00?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

102. (Continued)

e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?

f. pick a fight with someone?

	Not Wrong at All	A Little Bit Wrong	Wrong	Very Wrong
e. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY DOMAIN

103. Have any of your brothers or sisters ever:

a. drunk beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

☐ No ☐ Yes ☐ I don't have any brothers or sisters

b. smoked marijuana?

☐ No ☐ Yes ☐ I don't have any brothers or sisters

c. smoked cigarettes?

☐ No ☐ Yes ☐ I don't have any brothers or sisters

d. taken a handgun to school?

☐ No ☐ Yes ☐ I don't have any brothers or sisters

e. been suspended or expelled from school?

☐ No ☐ Yes ☐ I don't have any brothers or sisters

104. The rules in my family are clear.

☐ NO! ☐ no ☐ yes ☐ YES!

105. Has anyone in your family ever had a severe alcohol or drug problem?

☐ No ☐ Yes

106. People in my family often insult or yell at each other.

107. When I am not at home, one of my parents knows where I am and who I am with.

108. We argue about the same things in my family over and over.

109. My parents want me to call if I am going to be late getting home.

110. If you drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?

111. My family has clear rules about alcohol and drug use.

112. If you carried a handgun without your parents' permission, would you be caught by your parents?

113. If you skipped school without your parents' permission, would you be caught by your parents?

	NO!	no	yes	YES!
106. People in my family often insult or yell at each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107. When I am not at home, one of my parents knows where I am and who I am with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108. We argue about the same things in my family over and over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. My parents want me to call if I am going to be late getting home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. If you drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. My family has clear rules about alcohol and drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. If you skipped school without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

114. My parents notice when I am doing a good job and let me know about it.

☐ Never or almost never ☐ Often
☐ Sometimes ☐ All the time

115. Do you feel very close to your mother?

☐ NO! ☐ no ☐ yes ☐ YES!

116. Do you share your thoughts and feelings with your mother?

☐ NO! ☐ no ☐ yes ☐ YES!

117. My parents ask me what I think before most family decisions affecting me are made.

☐ NO! ☐ no ☐ yes ☐ YES!

118. How often do your parents tell you that they are proud of you for something you have done?

☐ Never or almost never ☐ Often
☐ Sometimes ☐ All the time

119. Do you share your thoughts and feelings with your father?

120. Do you enjoy spending time with your mother?

121. Do you enjoy spending time with your father?

122. If I had a personal problem, I could ask my mom or dad for help.

123. Do you feel very close to your father?

124. My parents give me lots of chances to do fun things with them.

125. My parents ask if I have gotten my homework done.

126. People in my family have serious arguments.

127. Would your parents know if you did not come home on time?

128. How important were these questions?

☐ Not too important ☐ Important
☐ Fairly important ☐ Very important

129. How honest were you in filling out this survey?

☐ I was very honest
☐ I was honest pretty much of the time
☐ I was honest some of the time
☐ I was honest once in a while
☐ I was not honest at all

	NO!	no	yes	YES!
119. Do you share your thoughts and feelings with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. Do you enjoy spending time with your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. Do you enjoy spending time with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. If I had a personal problem, I could ask my mom or dad for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. Do you feel very close to your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. My parents give me lots of chances to do fun things with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. My parents ask if I have gotten my homework done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126. People in my family have serious arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127. Would your parents know if you did not come home on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provided by:

Commonwealth of Virginia Department of Mental Health,
Mental Retardation and Substance Abuse Services

Administered by:

CSR, Incorporated

APPENDIX 4

SAMPLE LETTER TO PARENTS

Dear Parents:

[School] is cooperating with a study being conducted for the Commonwealth of Virginia. The purpose of the study is to learn what local resources are needed to prevent alcohol and other drug abuse among the youth in [community location].

Your child's health class has been randomly selected to participate in a survey of community youth to find out how they feel about alcohol and other drug use, the things in the community that may cause youth alcohol and drug abuse, and the things that can or do protect youth from alcohol and drug use. Students do not put their name or any other personally identifying information on the survey. All of the information from the survey is reviewed at a group level. The survey is not used to obtain information about any individual students or individual classrooms.

[School] is supportive of this survey effort because we believe that all of us must do our part to help combat the alcohol and drug problems that face youth in our community and to assist community planners in developing helpful prevention programs. If you want to know exactly what questions are asked in the survey, a copy of the survey is available and can be viewed at the school. Participation in the community youth survey is voluntary. Arrangements can be made for any student who is not participating in the survey to spend time in another supervised activity while his/her classmates complete the survey questionnaire. If you would like to see the survey, have questions about the study, or you decide you do not want your child to participate, please contact me.

Sincerely,

APPENDIX 5

RISK AND PROTECTIVE FACTOR CUT POINTS

Risk and Protective Factor Cut Points

	Cut Point		
	Grade 8	Grade 10	Grade 12
Community Domain Risk Factors			
Low Neighborhood Attachment	2.00	2.00	2.00
High Community Disorganization	1.80	1.80	1.60
Transitions and Mobility	1.75	1.75	1.75
Laws and Norms Favorable to Drugs	2.33	2.33	2.33
Perceived Availability of Drugs	2.50	3.00	3.25
Perceived Availability of Handguns	1.00	1.00	2.00
School Domain Risk Factors			
Academic Failure	2.38	2.25	2.38
Low Commitment to School	2.41	2.41	2.48
Family Domain Risk Factors			
Poor Family Management	2.13	2.13	2.25
High Family Conflict	2.33	2.33	2.33
Family History of Antisocial Behavior	2.50	2.60	2.70
Parental Attitudes Favorable to Drug Use	1.00	1.33	1.67
Parental Attitudes Favorable to Antisocial Behavior	1.33	1.33	1.00
Peer-Individual Domain Risk Factors			
Rebelliousness	2.33	2.33	2.00
Early Initiation of Drug Use	3.25	3.00	3.00
Early Initiation of Antisocial Behavior	1.25	0.00	0.00
Impulsiveness	2.50	2.25	2.00
Favorable Attitudes to Antisocial Behavior	2.00	1.80	1.75
Favorable Attitudes to Drug Use	1.75	2.25	2.25
Perceived Risks of Drug Use	1.75	2.25	2.25
Interaction with Antisocial Peers	0.17	0.17	0.17
Friends' Use of Drugs	1.00	1.75	2.25
Sensation Seeking	3.00	3.33	3.00
Rewards for Antisocial Involvement	1.75	1.75	1.75
Gang Involvement	0.00	0.00	0.00
Community Domain Protective Factors			
Opportunities for Prosocial Involvement	2.40	2.40	2.40
Rewards for Prosocial Involvement	2.33	2.33	2.00
School Domain Protective Factors			
Opportunities for Involvement	2.80	2.80	2.75
Rewards for Prosocial Involvement	2.50	2.50	2.50
Family Domain Protective Factors			
Attachment	2.75	2.75	2.75
Opportunities for Prosocial Involvement	2.67	2.67	2.67
Rewards for Prosocial Involvement	2.75	3.00	2.75
Peer-Individual Domain Protective Factors			
Religiosity	3.00	2.00	3.00
Social Skills	3.25	3.25	3.25
Belief in the Moral Order	3.00	3.00	3.00

APPENDIX 6

RISK AND PROTECTIVE FACTOR SCALES AND THEIR COMPONENT SURVEY ITEMS

Risk and Protective Factor Scales and Their Component Survey Items

RISK FACTORS

Community Domain Risk Factors

Low Neighborhood Attachment (4 point scale)

I'd like to get out of my neighborhood.

NO! (1) no (2) yes (3) YES! (4)

I like my neighborhood.

NO! (4) no (3) yes (2) YES! (1)

If I had to move, I would miss the neighborhood I now live in.

NO! (4) no (3) yes (2) YES! (1)

Community Disorganization (4 point scale)

How much do each of the following statements describe your neighborhood:

crime and/or drug selling

NO! (1) no (2) yes (3) YES! (4)

fights

NO! (1) no (2) yes (3) YES! (4)

lots of empty or abandoned buildings

NO! (1) no (2) yes (3) YES! (4)

lots of graffiti

NO! (1) no (2) yes (3) YES! (4)

I feel safe in my neighborhood.

NO! (4) no (3) yes (2) YES! (1)

Transitions and Mobility (5 point scale)

Have you changed homes in the past year (the last 12 months)?

NO (1) YES (5)

How many times have you changed homes since kindergarten?

Never (1) 1 or 2 times (2) 3 or 4 times (3) 5 or 6 times (4) 7 or more times (5)

Have you changed schools in the past year?

NO (1) YES (5)

How many times have you changed schools since kindergarten?

Never (1) 1 or 2 times (2) 3 or 4 times (3) 5 or 6 times (4) 7 or more times (5)

Laws and Norms Favorable to Drug Use (4 point scale)

How wrong would most adults in your neighborhood think it was for kids your age:

to use marijuana.

Very Wrong (1) Wrong (2) A Little Bit Wrong (3) Not Wrong at All (4)

to drink alcohol.

Very Wrong (1) Wrong (2) A Little Bit Wrong (3) Not Wrong at All (4)

to smoke cigarettes.

Very Wrong (1) Wrong (2) A Little Bit Wrong (3) Not Wrong at All (4)

If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?

NO! (4) no (3) yes (2) YES! (1)

If a kid smoked marijuana in your neighborhood would he or she be caught by the police?

NO! (4) no (3) yes (2) YES! (1)

If a kid carried a handgun in your neighborhood would he or she be caught by the police?

NO! (4) no (3) yes (2) YES! (1)

Risk and Protective Factor Scales and Their Component Survey Items

Perceived Availability of Drugs (4 point scale)

If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

Very Hard (1) Sort of Hard (2) Sort of Easy (3) Very Easy (4)

If you wanted to get some cigarettes, how easy would it be for you to get some?

Very Hard (1) Sort of Hard (2) Sort of Easy (3) Very Easy (4)

If you wanted to get some marijuana, how easy would it be for you to get some?

Very Hard (1) Sort of Hard (2) Sort of Easy (3) Very Easy (4)

If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

Very Hard (1) Sort of Hard (2) Sort of Easy (3) Very Easy (4)

Perceived Availability of Handguns (4 point scale)

If you wanted to get a handgun, how easy would it be for you to get one?

Very Hard (1) Sort of Hard (2) Sort of Easy (3) Very Easy (4)

SCHOOL DOMAIN RISK FACTORS

Academic Failure (4 point scale)

Putting them all to-ether, what were your grades like last year?

Mostly F's (4) Mostly D's (3.25) Mostly C's (2.5) Mostly B's (1.75) Mostly A's (1)

Are your school grades better than the grades of most students in your class? NO! (4)

no (3) yes (2) YES! (1)

Low Commitment to School (5 point scale)

How often do you feel that the school work you are assigned is meaningful and important?

Almost Always (1) Often (2) Sometimes (3) Seldom (4) Never (5)

How interesting are most of your courses to you?

Very Interesting and Stimulating (1) Quite Interesting (2) Fairly Interesting (3) Slightly Dull (4) Very Dull (5)

How important do you think the things you are learning in school are going to be for your later life?

Very Important (1) Quite Important (2) Fairly Important (3) Slightly Important (4) Not at all Important (5)

Now, thinking back over the past year in school, how often did you ...

Enjoy being in school? Never (5) Seldom (4) Sometimes (3) Often (2) Almost Always (1)

Hate being in school? Never (1) Seldom (2) Sometimes (3) Often (4) Almost Always (5)

Try to do your best work in school? Never (5) Seldom (4) Sometimes (3) Often (2) Almost Always (1)

During the LAST FOUR WEEKS how many whole days have you missed because of illness?

None (1) 1 (1.67) 2 (2.33) 3 (3) 4-5 (3.67) 6-10 (4.33) 11 or more days (5)

During the LAST FOUR WEEKS how many whole days have you missed because you skipped or "cut"?

None (1) 1 (1.67) 2 (2.33) 3 (3) 4-5 (3.67) 6-10 (4.33) 11 or more days (5)

During the LAST FOUR WEEKS how many whole days have you missed for other reasons?

None (1) 1 (1.67) 2 (2.33) 3 (3) 4-5 (3.67) 6-10 (4.33) 11 or more days (5)

Risk and Protective Factor Scales and Their Component Survey Items

FAMILY DOMAIN RISK FACTORS

Poor Family Management (4 point scale)

My parents ask if I've gotten my homework done.	NO! (4)	no (3)	yes (2)	YES! (1)
Would your parents know if you did not come home on time?	NO! (4)	no (3)	yes (2)	YES! (1)
When I am not at home, one of my parents knows where I am and who I am with.	NO! (4)	no (3)	yes (2)	YES! (1)
The rules in my family are clear.	NO! (4)	no (3)	yes (2)	YES! (1)
My family has clear rules about alcohol and drug use.	NO! (4)	no (3)	yes (2)	YES! (1)
If you drank some beer or wine or liquor (for example, vodka, whiskey, or gin) without your parents permission, would you be caught by your parents'?	NO! (4)	no (3)	yes (2)	YES! (1)
If you skipped school would you be caught by your parents?	NO! (4)	no (3)	yes (2)	YES! (1)
If you carried a handgun without your parents' permission, would you be caught by your parents?	NO! (4)	no (3)	yes (2)	YES! (1)

High Family Conflict (4 point scale)

People in my family often insult or yell at each other.	NO! (1)	no (2)	yes (3)	YES! (4)
People in my family have serious arguments.	NO! (1)	no (2)	yes (3)	YES! (4)
We argue about the same things in my family over and over.	NO! (1)	no (2)	yes (3)	YES! (4)

Family History of Antisocial Behavior (5 point scale)

Has anyone in your family ever had a severe alcohol or drug problem?	No (1)	Yes (5)		
Have any of your brothers or sisters ever:				
drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?	No (1)	Yes (5)	I Don't Have Any Brothers or Sisters (missing)	
smoked marijuana?	No (1)	Yes (5)	I Don't Have Any Brothers or Sisters (missing)	
smoked cigarettes?	No (1)	Yes (5)	I Don't Have Any Brothers or Sisters (missing)	
taken a handgun to school'?	No (1)	Yes (5)	I Don't Have Any Brothers or Sisters (missing)	
been suspended or expelled from school?	No (1)	Yes (5)	I Don't Have Any Brothers or Sisters (missing)	

About how many adults have you known personally who in the past year have:

used marijuana, crack, cocaine, or other drugs?	None (1)	1 adult (2)	2 adults (3)	3 or 4 adults (4)	5 or more adults (5)
sold or dealt drugs?	None (1)	1 adult (2)	2 adults (3)	3 or 4 adults (4)	5 or more adults (5)
done other things that could get them in trouble with the police like stealing, selling stolen goods, mugging or assaulting others, etc.	None (1)	1 adult (2)	2 adults (3)	3 or 4 adults (4)	5 or more adults (5)
Gotten drunk or high?	None (1)	1 adult (2)	2 adults (3)	3 or 4 adults (4)	5 or more adults (5)

Risk and Protective Factor Scales and Their Component Survey Items

Parental Attitudes Favorable Toward Drug Use (4 point scale)

How wrong do your parents feel it would be for you to:

drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?	Very Wrong (1)	Wrong (2)	Little Bit Wrong (3)	Not Wrong at All (4)
smoke cigarettes?	Very Wrong (1)	Wrong (2)	Little Bit Wrong (3)	Not Wrong at All (4)
smoke marijuana?	Very Wrong (1)	Wrong (2)	Little Bit Wrong (3)	Not Wrong at All (4)

Parental Attitudes Favorable to Antisocial Behavior (4 point scale)

How wrong do your parents feel it would be for you to:

steal anything worth more than \$5?	Very Wrong (1)	Wrong (2)	Little Bit Wrong (3)	Not Wrong at All (4)
draw graffiti, or write things or draw pictures on buildings or other property (without the owners permission)?	Very Wrong (1)	Wrong (2)	Little Bit Wrong (3)	Not Wrong at All (4)
pick a fight with someone?	Very Wrong (1)	Wrong (2)	Little Bit Wrong (3)	Not Wrong at All (4)

PEER-INDIVIDUAL DOMAIN RISK FACTORS

Rebelliousness (4 point scale)

I do the opposite of what people tell me, just to get them mad.	Very False (1)	Somewhat False (2)	Somewhat True (3)	Very True (4)
I ignore rules that get in my way.	Very False (1)	Somewhat False (2)	Somewhat True (3)	Very True (4)
I like to see how much I can get away with.	Very False (1)	Somewhat False (2)	Somewhat True (3)	Very True (4)

Early Initiation of Drugs (9 point scale - Mean)

How old were you when you first:

smoked marijuana?	Never Have (0)	10 or Younger (8)	11 (7)	12 (6)	13 (5)	14 (4)	15 (3)	16 (2)	17 or Older (1)
smoked a cigarette, even just a puff?	Never Have (0)	10 or Younger (8)	11 (7)	12 (6)	13 (5)	14 (4)	15 (3)	16 (2)	17 or Older (1)
had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?	Never Have (0)	10 or Younger (8)	11 (7)	12 (6)	13 (5)	14 (4)	15 (3)	16 (2)	17 or Older (1)
began drinking alcoholic beverages regularly, that is, at least once or twice a month?	Never Have (0)	10 or Younger (8)	11 (7)	12 (6)	13 (5)	14 (4)	15 (3)	16 (2)	17 or Older (1)

Early Initiation of Problem Behavior (9 point scale - Mean)

How old were you when you first:

got suspended from school?	Never Have (0)	10 or Younger (8)	11 (7)	12 (6)	13 (5)	14 (4)	15 (3)	16 (2)	17 or Older (1)
got arrested?	Never Have (0)	10 or Younger (8)	11 (7)	12 (6)	13 (5)	14 (4)	15 (3)	16 (2)	17 or Older (1)
carried a handgun?	Never Have (0)	10 or Younger (8)	11 (7)	12 (6)	13 (5)	14 (4)	15 (3)	16 (2)	17 or Older (1)
attacked someone with the idea of seriously hurting them'?	Never Have (0)	10 or Younger (8)	11 (7)	12 (6)	13 (5)	14 (4)	15 (3)	16 (2)	17 or Older (1)

Risk and Protective Factor Scales and Their Component Survey Items

Impulsiveness (4 point scale)

It is important to think before you act.	NO! (4)	no (3)	yes (2)	YES! (1)
Do you have to have everything right away?	NO! (4)	no (3)	yes (2)	YES! (1)
Do you often switch from activity to activity rather than sticking to one thing at a time?	NO! (4)	no (3)	yes (2)	YES! (1)
I often do things without thinking about what will happen.	NO! (4)	no (3)	yes (2)	YES! (1)

Favorable Attitudes Toward Antisocial Behavior (4 point scale)

How wrong do you think it is for someone your age to:

take a handgun to school?	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)
steal anything worth more than \$5?	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)
pick a fight with someone'?	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)
attack someone with the idea of seriously hurting them?	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)
stay away from school all day when their parents think they are at school'?	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)

Favorable Attitudes Toward Drug Use (4 point scale)

How wrong do you think it is for someone your age to:

drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)
smoke cigarettes?	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)
smoke marijuana'?	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)
use LSD, cocaine, amphetamines or another illegal drug?	Very Wrong (1)	Wrong (2)	A Little Bit Wrong (3)	Not Wrong at All (4)

Perceived Risks of Drug Use (4 point scale)

How much do you think people risk harming themselves (physically or in other ways) if they:

Smoke one or more packs of cigarettes per day?	No risk (4)	Slight Risk (3)	Moderate Risk (2)	Great Risk (1)
Try marijuana once or twice?	No risk (4)	Slight Risk (3)	Moderate Risk (2)	Great Risk (1)
Smoke marijuana regularly?	No risk (4)	Slight Risk (3)	Moderate Risk (2)	Great Risk (1)
Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	No risk (4)	Slight Risk (3)	Moderate Risk (2)	Great Risk (1)

Risk and Protective Factor Scales and Their Component Survey Items

Interaction with Antisocial Peers (5 point scale)

Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

been suspended from school?	None (0)	1 (1)	2 (2)	3 (3)	4 (4)
carried a handgun?	None (0)	1 (1)	2 (2)	3 (3)	4 (4)
sold illegal drugs?	None (0)	1 (1)	2 (2)	3 (3)	4 (4)
stolen or tried to steal a motor vehicle such as a car or motorcycle?	None (0)	1 (1)	2 (2)	3 (3)	4 (4)
been arrested?	None (0)	1 (1)	2 (2)	3 (3)	4 (4)
dropped out of school?	None (0)	1 (1)	2 (2)	3 (3)	4 (4)

Friends' Use of Drugs (5 point scale)

Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

smoked cigarettes?	None (0)	1 (1)	2 (2)	3 (3)	4 (4)
tried beer, wine or hard liquor (for example, vodka, whiskey or gin) when their parents didn't know about it?	None (0)	1 (1)	2 (2)	3 (3)	4 (4)
used marijuana?	None (0)	1 (1)	2 (2)	3 (3)	4 (4)
used LSD, cocaine, amphetamines, or other illegal drugs?	None (0)	1 (1)	2 (2)	3 (3)	4 (4)

Sensation Seeking (6 point scale)

How many times have you done the following things?

Done what feels good no matter what.	Never (1)	I've done it, but not in the past year (2)	Less than once a month (3)	About once a month (4)	2 or 3 times a month (5)	Once a week or more (6)
Done something dangerous because someone dared you to do it.	Never (1)	I've done it, but not in the past year (2)	Less than once a month (3)	About once a month (4)	2 or 3 times a month (5)	Once a week or more (6)
Done crazy things even if they are a little dangerous.	Never (1)	I've done it, but not in the past year (2)	Less than once a month (3)	About once a month (4)	2 or 3 times a month (5)	Once a week or more (6)

Rewards for Antisocial Involvement (5 point scale)

What are the chances you would be seen as cool if you:

smoked cigarettes?	No or Very Little Chance (1)	Little Chance (2)	Some Chance (3)	Pretty Good Chance (4)	Very Good Chance (5)
began drinking alcoholic beverages regularly, that is, at least once or twice a month?	No or Very Little Chance (1)	Little Chance (2)	Some Chance (3)	Pretty Good Chance (4)	Very Good Chance (5)
smoked marijuana?	No or Very Little Chance (1)	Little Chance (2)	Some Chance (3)	Pretty Good Chance (4)	Very Good Chance (5)
carried a handgun?	No or Very Little Chance (1)	Little Chance (2)	Some Chance (3)	Pretty Good Chance (4)	Very Good Chance (5)

Risk and Protective Factor Scales and Their Component Survey Items

Gang Involvement (9 point scale)

Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

been members of a gang? None (0) 1 (2) 2 (4) 3 (6) 4 (8)

Have you ever belonged to a gang? Yes (8) No (0)

If you have ever belonged to a gang, did that gang have a name'? Yes (8) No (1) I Have Never Belonged to a Gang (0)

How old were you when you first:
belonged to a gang? Never Have (0) 10 or Younger (8) 11 (7) 12 (6) 13 (5) 14 (4) 15 (3) 16 (2) 17 or Older (1)

PROTECTIVE FACTORS

COMMUNITY DOMAIN PROTECTIVE FACTORS

Opportunities for Prosocial Involvement (4 point scale)

There are lots of adults in my neighborhood I could talk to about something important. NO! (1) no (2) yes (3) YES! (4)

Which of the following activities for people your age are available in your community?

sports teams	Yes (4)	No (1)
scouting	Yes (4)	No (1)
boys and girls club	Yes (4)	No (1)
4-H clubs	Yes (4)	No (1)
service clubs	Yes (4)	No (1)

Rewards for Prosocial Involvement (4 point scale)

My neighbors notice when I am doing a good job and let me know. NO! (1) no (2) yes (3) YES! (4)

There are people in my neighborhood who encourage me to do my best. NO! (1) no (2) yes (3) YES! (4)

There are people in my neighborhood who are proud of me when I do something well. NO! (1) no (2) yes (3) YES! (4)

Risk and Protective Factor Scales and Their Component Survey Items

SCHOOL DOMAIN PROTECTIVE FACTORS

Opportunities for Prosocial Involvement (4 point scale)

In my school, students have lots of chances to help decide things like class activities and rules.

NO! (1) no (2) yes (3) YES! (4)

There are lots of chances for students in my school to talk with a teacher one-on-one.

NO! (1) no (2) yes (3) YES! (4)

Teachers ask me to work on special classroom projects.

NO! (1) no (2) yes (3) YES! (4)

There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

NO! (1) no (2) yes (3) YES! (4)

I have lots of chances to be part of class discussions or activities.

NO! (1) no (2) yes (3) YES! (4)

Rewards for Prosocial Involvement (4 point scale)

My teacher(s) notices when I am doing a good job and lets me know about it.

NO! (1) no (2) yes (3) YES! (4)

The school lets my parents know when I have done something well.

NO! (1) no (2) yes (3) YES! (4)

I feel safe at my school.

NO! (1) no (2) yes (3) YES! (4)

My teachers praise me when I work hard in school.

NO! (1) no (2) yes (3) YES! (4)

Family Domain Protective Factors

Attachment (4 point scale)

Do you feel very close to your mother?

NO! (1) no (2) yes (3) YES! (4)

Do you share your thoughts and feelings with your mother?

NO! (1) no (2) yes (3) YES! (4)

Do you feel very close to your father?

NO! (1) no (2) yes (3) YES! (4)

Do you share your thoughts and feelings with your father?

NO! (1) no (2) yes (3) YES! (4)

Opportunities for Prosocial Involvement (4 point scale)

My parents give me lots of chances to do fun things with them.

NO! (1) no (2) yes (3) YES! (4)

My parents ask me what I think before most family decisions affecting me are made.

NO! (1) no (2) yes (3) YES! (4)

If I had a personal problem, I could ask my mom or dad for help.

NO! (1) no (2) yes (3) YES! (4)

Risk and Protective Factor Scales and Their Component Survey Items

Rewards for Prosocial Involvement (4 point scale)

My parents notice when I am doing a good job and let me know about it.	Never or Almost Never (1)	Sometimes (2)	Often (3)	All the time (4)
How often do your parents tell you they're proud of you for something you've done?	Never or Almost Never (1)	Sometimes (2)	Often (3)	All the time (4)
Do you enjoy spending time with your father?	NO! (1)	no (2)	yes (3)	YES! (4)
Do you enjoy spending time with your mother?	NO! (1)	no (2)	yes (3)	YES! (4)

PEER-INDIVIDUAL DOMAIN PROTECTIVE FACTORS

Religiosity (4 point scale)

How often do you attend religious services or activities?	Never (1)	Rarely (2)	1-2 Times a Month (3)	About Once a Week or More (4)
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Social Skills (4 point scale)

You're looking at CD's in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says "Which one do you want"? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now?

- Ignore her (2)
- Grab a CD and leave the store (1)
- Tell her to put the CD back (4)
- Act like it's a joke, and ask her to put the CD back (3)

It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say "Oh, just going to go hang out with some friends. She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

- Leave the house anyway (1)
- Explain what you are going to do with your friends, tell her when you'd get home, and ask if you can go out (4)
- Not say anything and start watching TV (3)
- Get into an argument with her (2)

You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?

- Push the person back (1)
- Say "Excuse me" and keep on walking (4)
- Say "Watch where you're going" and keep on walking (3)
- Swear at the person and walk away (2)

Risk and Protective Factor Scales and Their Component Survey Items

You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

Drink it (1)

Tell your friend "No thanks, I don't drink" and suggest that you and your friend go and do something else (4)

Just say "No, thanks" and walk away (3)

Make up a good excuse, tell your friend you had something else to do, and leave (2)

Belief in the Moral Order (4 point scale)

I think it is okay to take something without asking if you can get away with it.	NO! (4)	no (3)	yes (2)	YES! (1)
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I think sometimes it's okay to cheat at school.	NO! (4)	no (3)	yes (2)	YES! (1)
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It is all right to beat up people if they start the fight.	NO! (4)	no (3)	yes (2)	YES! (1)
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It is important to be honest with your parents, even if they become upset or you get punished.	NO! (1)	no (2)	yes (3)	YES! (4)
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APPENDIX 7

SURVEY DATA

**Percent of Youth Reporting Lifetime and Past 30 Day ATOD Use
Virginia, Urban, and Rural
Middle School and High School**

	Middle School			High School		
	Virginia	Urban	Rural	Virginia	Urban	Rural
	(%)	(%)	(%)	(%)	(%)	(%)
Lifetime ATOD Use						
Alcohol	43.4	42.5	47.2	71.7	71.5	72.7
Cigarettes	33.3	30.5	45.4	60.6	60.5	60.9
Smokeless Tobacco	11.3	8.5	23.1	21.1	17.2	37.0
Marijuana	11.2	10.4	14.7	40.6	40.8	39.9
Psychedelic Drugs	2.7	2.7	2.6	9.8	10.2	8.4
Cocaine	2.9	2.9	2.7	5.4	4.6	8.4
Inhalant	15.7	15.7	15.9	12.9	12.1	16.1
Methamphetamines	1.4	1.2	2.0	5.6	5.3	7.2
Other Drugs	10.6	10.1	12.6	16.2	16.6	14.6
Past 30 Day ATOD Use						
Alcohol	17.7	17.0	20.7	44.2	44.1	44.3
Binge Drinking in Past 2 Weeks	7.8	7.1	10.8	23.8	23.4	25.5
Cigarettes	12.1	10.5	18.9	28.6	27.5	33.3
Smokeless Tobacco	4.6	3.7	8.8	9.1	6.4	19.8
Marijuana	5.9	5.2	8.9	22.6	22.5	23.1
Psychedelic Drugs	1.6	1.7	1.2	4.4	4.6	3.6
Cocaine	1.1	1.1	1.4	2.5	2.0	4.7
Inhalants	7.4	7.3	7.9	3.3	3.3	3.3
Methamphetamines	0.6	0.5	0.6	2.7	2.5	3.4
Other Drugs	4.8	4.4	6.6	7.1	7.0	7.5

Note: Virginia, urban and rural percents are weighted by population.

Lifetime ATOD Use
Virginia, Urban, Rural, Regions I, II, III, and IV, and CSBs with MTF Comparisons
Grade 8

	Alcohol	Cigarettes	Smokeless Tobacco	Marijuana	Psychedelic Drugs	Cocaine	Inhalants	Metham-phetamines	Other Drugs
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Monitoring the Future	51.7	40.5	12.8	20.3	4.6	4.5	17.9	4.2	NA
Virginia	43.4	33.3	11.3	11.2	2.7	2.9	15.7	1.4	10.6
Urban	42.5	30.5	8.5	10.4	2.7	2.9	15.7	1.2	10.1
Rural	47.2	45.4	23.1	14.7	2.6	2.7	15.9	2.0	12.6
Health Planning Region									
Region I	46.7	34.4	13.8	9.2	1.4	1.6	17.0	1.5	10.7
Region II	42.4	29.3	8.5	9.0	2.3	2.2	14.0	0.7	9.4
Region III	40.0	40.3	18.0	17.2	5.3	5.8	19.7	3.8	15.1
Region IV	53.9	50.9	14.4	23.5	2.1	2.9	13.9	0.4	11.9
Community Services Board									
Valley	54.5	44.8	20.6	14.0	2.2	2.5	19.4	1.0	12.0
Rappahannock Area	42.5	28.8	10.1	6.5	1.0	1.2	15.7	1.8	10.0
Arlington	39.7	30.0	9.4	11.6	4.6	5.6	19.9	1.7	10.2
Prince William County	43.2	29.1	8.2	8.2	1.6	1.2	12.3	0.4	9.1
Blue Ridge	45.2	39.8	11.6	20.1	6.4	7.7	24.2	4.1	15.1
Planning District 1	30.5	41.1	29.8	11.8	3.2	2.2	11.3	3.2	15.1
Crossroads	50.9	48.2	20.8	17.4	2.0	2.4	19.3	0.6	11.5
District 19	54.8	51.7	12.5	25.3	2.1	3.0	12.3	0.4	12.1
Middle Peninsula Northern Neck	47.3	39.8	12.1	7.7	1.9	1.8	12.1	1.3	6.4

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

Lifetime ATOD Use
Virginia, Urban, Rural, Regions I, II, III, and IV, and CSBs with MTF Comparisons
Grade 10

	Alcohol	Cigarettes	Smokeless Tobacco	Marijuana	Psychedelic Drugs	Cocaine	Inhalants	Metham-phetamines	Other Drugs
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Monitoring the Future	71.4	55.1	19.1	40.3	8.9	6.9	16.6	6.9	NA
Virginia	66.8	53.7	17.1	31.0	6.5	4.4	13.0	4.3	16.4
Urban	67.2	54.3	13.9	32.6	7.0	4.5	13.2	4.4	17.3
Rural	64.9	51.5	29.7	24.7	4.4	4.0	12.3	3.7	12.7
Health Planning Region									
Region I	64.9	45.6	17.4	23.1	8.4	5.2	13.3	2.0	15.7
Region II	69.5	57.3	12.5	34.5	6.2	3.6	12.5	4.5	17.5
Region III	61.8	53.4	32.8	28.8	7.6	7.0	15.6	5.4	15.6
Region IV	63.1	49.5	22.3	32.8	1.6	1.9	7.5	3.8	10.3
Community Services Board									
Valley	74.6	43.2	22.1	14.8	2.8	0.5	7.3	1.4	12.0
Rappahannock Area	59.6	46.8	14.8	27.6	11.4	7.8	16.5	2.4	17.8
Arlington	67.5	52.9	12.9	29.4	5.9	7.1	18.8	8.3	16.9
Prince William County	70.3	58.9	12.4	36.4	6.3	2.3	10.2	3.1	17.7
Blue Ridge	65.3	49.9	25.9	27.4	5.9	5.9	12.5	3.1	14.1
Planning District 1	55.7	59.6	44.8	31.2	10.6	9.0	21.2	9.4	18.3
Crossroads	69.8	66.1	21.1	38.1	4.1	5.2	17.8	6.3	13.8
District 19	60.8	44.0	22.7	31.0	0.8	0.8	4.0	2.9	9.1
Middle Peninsula Northern Neck	45.2	45.3	13.0	21.0	0.0	0.0	6.5	0.0	9.7

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

Lifetime ATOD Use
Virginia, Urban, Rural, Regions I, II, III, and IV, and CSBs with MTF Comparisons
Grade 12

	Alcohol	Cigarettes	Smokeless Tobacco	Marijuana	Psychedelic Drugs	Cocaine	Inhalants	Methamphetamines	Other Drugs
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Monitoring the Future	80.3	62.5	23.1	48.8	13.0	8.6	14.2	7.9	NA
Virginia	76.6	68.0	25.6	50.7	13.6	6.3	12.6	7.0	16.3
Urban	75.7	67.4	21.1	49.8	13.9	4.8	10.8	6.1	16.3
Rural	80.2	70.6	44.0	54.8	12.2	12.6	19.6	10.4	16.5
Health Planning Region									
Region I	87.5	66.5	25.6	58.7	15.0	10.7	16.1	8.6	10.6
Region II	72.6	67.1	20.5	46.1	13.4	4.9	10.1	6.3	17.1
Region III	78.3	76.1	46.5	60.2	16.3	7.1	18.4	9.6	23.4
Region IV	78.4	62.9	20.2	42.8	4.8	3.5	9.0	2.7	6.4
Community Services Board									
Valley	85.9	71.2	44.9	60.1	23.5	19.7	19.7	16.4	13.6
Rappahannock Area	88.4	63.8	14.4	57.8	10.1	5.5	14.1	4.0	8.9
Arlington	69.1	64.3	21.4	50.0	10.7	5.4	12.5	3.6	21.4
Prince William County	73.6	68.0	20.2	44.9	14.2	4.7	9.4	7.1	15.7
Blue Ridge	84.6	77.4	46.1	64.2	23.3	6.5	12.6	9.9	19.8
Planning District 1	67.6	73.9	47.2	53.5	4.6	8.0	28.0	9.1	29.6
Crossroads	87.2	82.7	29.7	53.3	8.2	4.1	11.8	3.2	9.5
District 19	74.3	53.8	15.8	38.0	3.3	3.3	7.6	2.5	5.0
Middle Peninsula Northern Neck	78.4	63.7	36.3	59.0	9.1	9.8	13.2	5.9	13.6

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

Past 30 Day ATOD Use
Virginia, Urban, Rural, Regions I, II, III, and IV, and CSBs with MTF Comparisons
Grade 8

	Alcohol	Binge Drinking in Past 2 Weeks	Cigarettes	Smokeless Tobacco	Marijuana	Psychedelic Drugs	Cocaine	Inhalants	Metham- phetamines	Other Drugs
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Monitoring the Future	22.4	14.1	14.6	4.2	9.1	1.2	1.2	4.5	0.8	N/A
Virginia	17.7	7.8	12.1	4.6	5.9	1.6	1.1	7.4	0.6	4.8
Urban	17.0	7.1	10.5	3.7	5.2	1.7	1.1	7.3	0.5	4.4
Rural	20.7	10.8	18.9	8.8	8.9	1.2	1.4	7.9	0.6	6.6
Health Planning Region										
Region I	17.2	7.0	15.3	4.0	7.8	0.7	0.2	7.3	1.4	5.5
Region II	15.8	6.6	9.1	4.0	3.9	1.6	0.8	7.2	0.1	3.2
Region III	19.7	9.3	16.1	7.3	9.1	2.2	2.5	8.9	1.4	10.7
Region IV	29.8	17.6	23.2	7.3	13.0	1.1	2.2	5.2	0.0	4.5
Community Services Board										
Valley	19.1	8.4	18.3	6.4	10.3	0.5	0.2	9.9	1.0	6.3
Rappahannock Area	16.1	6.1	13.6	2.7	6.5	0.8	0.2	5.8	1.7	5.0
Arlington	18.0	7.9	8.9	3.4	4.5	2.9	2.3	7.9	0.6	4.0
Prince William County	15.2	6.2	9.1	4.1	3.7	1.2	0.4	7.0	0.0	2.9
Blue Ridge	24.1	10.7	18.0	5.9	10.3	2.4	3.2	10.2	1.4	11.8
Planning District 1	11.7	6.7	12.6	9.9	6.7	1.9	1.1	6.7	1.4	8.7
Crossroads	23.2	13.1	25.6	8.0	10.7	1.1	0.7	7.2	0.0	4.9
District 19	31.8	18.9	22.5	7.0	13.6	1.1	2.6	4.6	0.0	4.3
Middle Peninsula- Northern Neck	21.5	7.5	12.6	5.8	2.6	1.3	0.7	6.4	0.0	2.6

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

Past 30 Day ATOD Use
Virginia, Urban, Rural, Regions I, II, III, and IV, and CSBs with MTF Comparisons
Grade 10

	Alcohol	Binge Drinking in Past 2 Weeks	Cigarettes	Smokeless Tobacco	Marijuana	Psychedelic Drugs	Cocaine	Inhalants	Metham- phetamines	Other Drugs
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Monitoring the Future	41.0	26.2	23.9	6.1	19.7	2.3	1.8	2.6	2.0	N/A
Virginia	36.8	19.1	22.5	7.4	18.0	2.6	1.4	4.8	2.0	6.5
Urban	37.1	19.7	21.5	5.3	19.1	2.9	1.2	4.8	2.3	6.5
Rural	35.8	16.9	26.4	15.9	13.7	1.8	1.8	4.5	0.6	6.4
Health Planning Region										
Region I	34.5	19.4	18.8	10.4	11.8	4.9	2.5	6.1	0.2	7.5
Region II	39.1	19.9	22.1	3.6	20.9	1.8	0.6	4.2	2.7	6.1
Region III	33.5	15.3	29.4	17.4	17.4	3.1	2.1	4.8	1.5	7.4
Region IV	31.1	18.7	21.3	10.3	16.5	0.5	1.7	1.6	1.7	5.7
Community Services Board										
Valley	38.7	13.6	16.9	7.5	6.4	0.5	0.5	4.0	0.5	6.6
Rappahannock Area	32.2	22.6	19.8	12.0	14.7	7.3	3.7	7.3	0.0	8.0
Arlington	39.3	24.7	24.7	4.7	16.5	4.7	2.4	9.4	3.6	7.3
Prince William County	39.1	18.1	21.1	3.1	22.5	0.8	0.0	2.3	2.4	5.6
Blue Ridge	36.7	15.3	24.1	12.2	17.5	1.5	0.0	2.9	1.5	6.8
Planning District 1	27.9	15.2	38.5	26.7	17.4	5.9	5.9	8.2	1.6	8.4
Crossroads	36.5	20.6	28.4	11.1	19.0	2.0	3.0	4.1	3.0	8.9
District 19	29.3	18.0	18.9	10.1	15.6	0.0	1.3	0.8	1.3	4.5
Middle Peninsula Northern Neck	27.8	8.2	11.4	4.9	9.7	0.0	0.0	1.6	0.0	1.6

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

Past 30 Day ATOD Use
Virginia, Urban, Rural, Regions I, II, III, and IV, and CSBs with MTF Comparisons
Grade 12

	Alcohol	Binge Drinking in Past 2 Weeks	Cigarettes	Smokeless Tobacco	Marijuana	Psychedelic Drugs	Cocaine	Inhalants	Metham- phetamines	Other Drugs
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Monitoring the Future	50.0	30.0	31.4	7.6	21.6	2.6	2.1	2.2	1.9	N/A
Virginia	51.9	28.8	35.3	10.9	27.2	6.4	3.8	1.7	3.2	7.8
Urban	51.8	27.6	34.1	7.8	26.1	6.7	2.9	1.7	2.6	7.7
Rural	52.4	33.7	40.2	23.3	31.6	5.2	7.3	1.8	5.7	8.4
Health Planning Region										
Region I	55.4	27.4	35.4	11.9	34.9	5.7	6.4	2.7	6.4	6.8
Region II	51.0	29.2	34.9	9.0	24.5	7.9	3.2	1.6	2.8	7.8
Region III	53.9	32.2	38.2	18.8	31.7	2.8	3.4	1.1	1.8	11.0
Region IV	42.9	22.6	27.9	6.4	17.8	1.8	1.2	1.5	0.6	1.4
Community Services Board										
Valley	58.6	36.6	47.8	21.1	42.8	11.7	13.8	0.6	13.8	9.1
Rappahannock Area	53.5	22.1	28.1	6.4	30.3	2.1	2.1	4.0	2.1	5.5
Arlington	51.8	25.0	39.3	5.4	25.0	10.7	3.6	1.8	1.8	12.5
Prince William County	50.8	30.5	33.6	10.1	24.4	7.1	3.1	1.6	3.2	6.3
Blue Ridge	63.7	32.7	38.7	13.8	35.3	4.5	2.8	0.0	1.8	10.9
Planning District 1	37.5	31.2	37.4	27.3	25.6	0.0	4.6	2.8	1.7	11.4
Crossroads	54.6	30.1	41.3	9.4	25.4	2.0	2.0	2.9	0.0	0.8
District 19	37.5	19.1	21.8	4.9	14.3	1.6	0.8	0.8	0.8	1.7
Middle Peninsula Northern Neck	53.9	27.4	36.0	15.7	17.3	2.0	2.0	0.0	0.0	6.4

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

Lifetime ATOD Use
Virginia, Urban, Rural, Regions I, II, III, and IV, and CSBs
Middle School

	Alcohol	Cigarettes	Smokeless Tobacco	Marijuana	Psychedelic Drugs	Cocaine	Inhalants	Metham-phetamines	Other Drugs
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Virginia	43.4	33.3	11.3	11.2	2.7	2.9	15.7	1.4	10.6
Urban	42.5	30.5	8.5	10.4	2.7	2.9	15.7	1.2	10.1
Rural	47.2	45.4	23.1	14.7	2.6	2.7	15.9	2.0	12.6
Health Planning Region									
Region I	46.7	34.4	13.8	9.2	1.4	1.6	17.0	1.5	10.7
Region II	42.4	29.3	8.5	9.0	2.3	2.2	14.0	0.7	9.4
Region III	40.0	40.3	18.0	17.2	5.3	5.8	19.7	3.8	15.1
Region IV	53.9	50.9	14.4	23.5	2.1	2.9	13.9	0.4	11.9
Community Services Board									
Valley	54.5	44.8	20.6	14.0	2.2	2.5	19.4	1.0	12.0
Rappahannock Area	42.5	28.8	10.1	6.5	1.0	1.2	15.7	1.8	10.0
Arlington	39.7	30.0	9.4	11.6	4.6	5.6	19.9	1.7	10.2
Prince William County	43.2	29.1	8.2	8.2	1.6	1.2	12.3	0.4	9.1
Blue Ridge	45.2	39.8	11.6	20.1	6.4	7.7	24.2	4.1	15.1
Planning District 1	30.5	41.1	29.8	11.8	3.2	2.2	11.3	3.2	15.1
Crossroads	50.9	48.2	20.8	17.4	2.0	2.4	19.3	0.6	11.5
District 19	54.8	51.7	12.5	25.3	2.1	3.0	12.3	0.4	12.1
Middle Peninsula Northern Neck	47.3	39.8	12.1	7.7	1.9	1.8	12.1	1.3	6.4

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

Lifetime ATOD Use
Virginia, Urban, Rural, Regions I, II, III, and IV, and CSBs
High School

	Alcohol	Cigarettes	Smokeless Tobacco	Marijuana	Psychedelic Drugs	Cocaine	Inhalants	Metham-phetamines	Other Drugs
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Virginia	71.7	60.6	21.1	40.6	9.8	5.4	12.9	5.6	16.2
Urban	71.5	60.5	17.2	40.8	10.2	4.6	12.1	5.3	16.6
Rural	72.7	60.9	37.0	39.9	8.4	8.4	16.1	7.2	14.6
Health Planning Region									
Region I	86.0	63.3	21.7	48.2	12.9	8.4	16.8	5.3	14.4
Region II	71.1	62.0	16.3	39.9	9.6	4.2	11.3	5.4	17.2
Region III	70.1	63.6	38.5	43.5	11.9	6.9	16.3	7.1	18.9
Region IV	70.7	57.8	21.9	37.9	3.3	3.1	9.4	3.8	9.1
Community Services Board									
Valley	80.4	57.8	34.1	38.6	13.9	10.6	14.2	9.5	12.8
Rappahannock Area	75.6	56.1	14.8	44.4	10.7	6.6	15.2	3.3	12.9
Arlington	68.1	57.4	16.3	37.6	7.8	6.4	16.3	6.4	18.7
Prince William County	72.0	63.4	16.3	40.6	10.2	3.5	9.8	5.1	16.7
Blue Ridge	74.0	62.2	34.9	44.1	13.8	6.1	12.6	6.2	16.7
Planning District 1	61.6	66.4	46.1	42.2	7.7	8.5	24.4	9.2	23.7
Crossroads	76.7	72.7	25.2	43.7	5.5	4.8	15.9	5.5	12.1
District 19	67.2	49.0	19.9	34.5	2.1	2.1	5.7	2.8	7.4
Middle Peninsula Northern Neck	62.0	54.3	24.1	39.8	4.2	4.4	9.8	2.6	11.3

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

Past 30-Day ATOD Use
Virginia, Urban, Rural, Regions I, II, III, and IV, and CSBs with MTF Comparisons
Middle School

	Alcohol	Binge Drinking in Past 2 Weeks	Cigarettes	Smokeless Tobacco	Marijuana	Psychedelic Drugs	Cocaine	Inhalants	Metham- phetamines	Other Drugs
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Virginia	17.7	7.8	12.1	4.6	5.9	1.6	1.1	7.4	0.6	4.8
Urban	17.0	7.1	10.5	3.7	5.2	1.7	1.1	7.3	0.5	4.4
Rural	20.7	10.8	18.9	8.8	8.9	1.2	1.4	7.9	0.6	6.6
Health Planning Region										
Region I	17.2	7.0	15.3	4.0	7.8	0.7	0.2	7.3	1.4	5.5
Region II	15.8	6.6	9.1	4.0	3.9	1.6	0.8	7.2	0.1	3.2
Region III	19.7	9.3	16.1	7.3	9.1	2.2	2.5	8.9	1.4	10.7
Region IV	29.8	17.6	23.2	7.3	13.0	1.1	2.2	5.2	0.0	4.5
Community Services Board										
Valley	19.1	8.4	18.3	6.4	10.3	0.5	0.2	9.9	1.0	6.3
Rappahannock Area	16.1	6.1	13.6	2.7	6.5	0.8	0.2	5.8	1.7	5.0
Arlington	18.0	7.9	8.9	3.4	4.5	2.9	2.3	7.9	0.6	4.0
Prince William County	15.2	6.2	9.1	4.1	3.7	1.2	0.4	7.0	0.0	2.9
Blue Ridge	24.1	10.7	18.0	5.9	10.3	2.4	3.2	10.2	1.4	11.8
Planning District 1	11.7	6.7	12.6	9.9	6.7	1.9	1.1	6.7	1.4	8.7
Crossroads	23.2	13.1	25.6	8.0	10.7	1.1	0.7	7.2	0.0	4.9
District 19	31.8	18.9	22.5	7.0	13.6	1.1	2.6	4.6	0.0	4.3
Middle Peninsula- Northern Neck	21.5	7.5	12.6	5.8	2.6	1.3	0.7	6.4	0.0	2.6

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

Past 30-Day ATOD Use
Virginia, Urban, Rural, Regions I, II, III, and IV, and CSBs with MTF Comparisons
High School

	Alcohol	Binge Drinking in Past 2 Weeks	Cigarettes	Smokeless Tobacco	Marijuana	Psychedelic Drugs	Cocaine	Inhalants	Metham- phetamines	Other Drugs
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Virginia	44.2	23.8	28.6	9.1	22.6	4.4	2.5	3.3	2.7	7.1
Urban	44.1	23.4	27.5	6.4	22.5	4.6	2.0	3.3	2.5	7.0
Rural	44.3	25.5	33.3	19.8	23.1	3.6	4.7	3.3	3.4	7.5
Health Planning Region										
Region I	50.8	26.1	29.6	11.7	26.8	5.6	4.5	5.3	3.1	7.8
Region II	44.8	24.4	28.1	6.2	22.6	4.7	1.9	3.0	2.8	6.8
Region III	43.7	23.1	33.0	17.4	24.3	2.9	2.5	2.9	1.6	9.0
Region IV	37.1	21.0	25.5	9.0	18.0	1.2	1.7	1.9	1.5	4.3
Community Services Board										
Valley	48.8	25.3	33.1	14.9	25.6	6.4	7.6	2.2	7.6	7.9
Rappahannock Area	44.3	22.6	24.3	9.1	23.4	4.5	2.9	5.6	1.2	6.6
Arlington	44.3	24.8	30.5	5.0	19.9	7.1	2.8	6.4	2.9	9.4
Prince William County	44.9	24.3	27.3	6.6	23.4	3.9	1.6	2.0	2.8	6.0
Blue Ridge	48.8	23.1	30.8	12.9	25.6	2.8	1.2	1.6	1.6	8.6
Planning District 1	32.7	23.2	37.9	27.1	21.4	3.0	5.3	5.6	1.6	9.8
Crossroads	43.3	24.1	33.4	10.8	22.2	1.9	2.6	3.8	2.0	6.0
District 19	33.4	19.2	20.8	8.0	15.5	0.8	1.2	0.8	1.2	3.3
Middle Peninsula- Northern Neck	40.5	17.5	23.6	10.5	13.2	0.9	0.9	0.7	0.0	3.9

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

Antisocial Behaviors in the Past Year
Virginia, Urban, Rural, Regions I, II, III, and IV, and CSBs
Middle School

	Arrested	Attacked Someone with Idea of Seriously Hurting Them	Carried a Handgun	Took a Handgun to School	Sold Illegal Drugs	Stole/Tried to Steal Motor Vehicle	Suspended from School	Drunk or High at School
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Virginia	4.2	15.0	3.7	0.7	2.5	2.2	14.9	8.0
Urban	4.2	15.6	3.8	0.7	2.4	2.3	15.0	7.7
Rural	4.2	12.6	3.2	0.6	3.8	1.9	14.6	9.6
Health Planning Region								
Region I	5.7	9.8	3.8	0.1	1.5	2.0	12.7	5.9
Region II	3.2	16.9	4.0	0.8	2.0	2.0	16.3	6.6
Region III	4.3	12.2	2.1	0.7	4.5	3.3	7.1	12.5
Region IV	7.9	22.8	6.7	2.1	6.3	3.6	32.0	17.6
Community Services Board								
Valley	6.3	7.1	3.2	0.0	0.7	2.3	13.9	6.5
Rappahannock Area	5.3	11.3	4.0	0.2	1.9	1.9	12.0	5.6
Arlington	5.6	14.7	2.2	0.6	1.7	1.7	12.7	6.7
Prince William County	2.5	17.6	4.5	0.8	2.1	2.1	17.4	6.6
Blue Ridge	5.4	12.1	2.7	1.1	4.4	4.4	8.3	15.1
Planning District 1	2.4	12.2	1.1	0.0	4.8	1.3	4.9	7.7
Crossroads	5.8	18.7	7.5	0.6	4.1	2.1	37.1	12.5
District 19	8.5	24.0	6.5	2.6	7.0	4.0	30.5	19.1
Middle Peninsula Northern Neck	1.9	9.1	0.6	0.0	1.3	0.0	6.3	5.1

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

Antisocial Behaviors in the Past Year
Virginia, Urban, Rural, Regions I, II, III, and IV, and CSBs
High School

	Arrested	Attacked Someone with Idea of Seriously Hurting Them	Carried a Handgun	Took a Handgun to School	Sold Illegal Drugs	Stole/Tried to Steal Motor Vehicle	Suspended from School	Drunk or High at School
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Virginia	6.7	13.8	3.3	0.4	8.8	1.5	14.8	18.9
Urban	7.2	13.6	2.4	0.2	8.7	1.4	14.9	18.6
Rural	4.5	14.5	7.1	0.9	9.2	1.8	14.3	19.9
Health Planning Region								
Region I	5.4	12.0	3.7	0.5	9.0	1.2	14.1	19.2
Region II	8.4	15.1	2.5	0.3	8.6	1.7	17.4	19.2
Region III	3.9	12.4	4.3	0.6	11.7	1.5	7.7	18.7
Region IV	3.3	17.9	8.3	0.4	7.8	1.6	19.1	20.6
Community Services Board								
Valley	6.6	12.7	6.7	0.5	11.4	0.5	18.4	21.6
Rappahannock Area	4.3	10.0	2.2	0.4	7.0	1.2	10.8	15.8
Arlington	6.5	11.7	1.4	0.0	5.8	0.7	11.5	20.4
Prince William County	9.0	16.1	2.8	0.4	9.4	2.0	19.1	18.8
Blue Ridge	3.3	12.0	2.5	0.0	12.9	0.4	7.8	20.5
Planning District 1	5.3	13.3	8.1	2.0	9.2	3.9	7.5	14.8
Crossroads	5.4	23.8	11.6	0.4	8.2	1.6	29.6	23.7
District 19	2.0	14.5	6.3	0.4	7.6	1.6	12.9	18.7
Middle Peninsula Northern Neck	3.7	10.0	3.7	0.0	3.2	0.0	10.1	15.0

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

**Percent of Youth with Elevated Protective Factor Scores
Individual-Peer Domain**

	Religiosity	Social skills	Belief in the moral order
	(%)	(%)	(%)
Virginia	42.9	33.1	37.7
Urban	41.0	33.0	36.5
Rural	50.7	34.1	42.6
Health Planning Region			
Region I	46.6	39.8	47.5
Region II	40.7	30.8	34.6
Region III	50.4	38.4	42.5
Region IV	42.2	32.4	35.3
Community Services Board			
Valley	55.5	32.7	45.0
Rappahannock Area	37.2	36.3	41.6
Arlington	40.1	35.6	38.3
Prince William County	40.9	29.4	33.5
Blue Ridge	49.8	37.1	40.6
Planning District 1	51.5	41.0	46.5
Crossroads	42.4	33.9	38.1
District 19	42.1	31.6	33.6
Middle Peninsula-Northern Neck	49.5	33.8	39.0

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

**Percent of Youth with Elevated Protective Factor Scores
Family Domain**

	Family attachment	Family opportunities for prosocial involvement	Family rewards for prosocial involvement
	(%)	(%)	(%)
Virginia	48.9	54.8	53.6
Urban	48.2	53.0	52.4
Rural	52.0	62.4	58.8
Health Planning Region			
Region I	56.8	60.9	62.7
Region II	47.4	52.2	51.3
Region III	56.2	63.3	58.5
Region IV	45.7	57.8	54.7
Community Services Board			
Valley	47.9	62.2	57.9
Rappahannock Area	51.5	52.0	55.4
Arlington	47.0	51.1	51.9
Prince William County	47.5	52.5	51.2
Blue Ridge	53.8	60.1	54.8
Planning District 1	61.2	70.2	66.3
Crossroads	52.7	61.8	57.3
District 19	41.6	55.5	53.1
Middle Peninsula-Northern Neck	32.4	55.3	54.7

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

**Percent of Youth with Elevated Protective Factor Scores
School Domain**

	School opportunities for prosocial involvement	School rewards for prosocial involvement
	(%)	(%)
Virginia	44.3	44.0
Urban	46.5	40.1
Rural	49.7	41.0
Health Planning Region		
Region I	49.5	49.3
Region II	44.6	41.7
Region III	44.5	48.8
Region IV	36.9	42.0
Community Services Board		
Valley	48.2	46.7
Rappahannock Area	42.8	43.1
Arlington	48.6	53.8
Prince William County	43.4	38.1
Blue Ridge	43.7	49.9
Planning District 1	46.4	46.3
Crossroads	34.9	43.2
District 19	38.1	41.3
Middle Peninsula-Northern Neck	33.3	42.7

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

**Percent of Youth with Elevated Protective Factor Scores
Community Domain**

	Community opportunities for prosocial involvement	Community rewards for prosocial involvement
	(%)	(%)
Virginia	57.2	54.2
Urban	56.2	52.0
Rural	61.4	63.5
Health Planning Region		
Region I	66.6	64.7
Region II	54.3	50.9
Region III	70.8	62.0
Region IV	49.4	55.7
Community Services Board		
Valley	61.0	63.0
Rappahannock Area	58.9	56.1
Arlington	49.1	48.6
Prince William County	55.9	51.6
Blue Ridge	71.2	58.5
Planning District 1	70.0	69.6
Crossroads	58.9	62.9
District 19	43.7	51.4
Middle Peninsula-Northern Neck	63.9	57.4

Note: Virginia, urban, rural, and health planning region percents are weighted by population

**Percent of Youth with Elevated Risk Factor Scores
Individual-Peer Domain**

	Rebel- liousness	Early Initiation of Drug Use	Early Initiation of ASB	Impulsive- ness	Attitudes Favorable to ASB	Attitudes Favorable to Drug Use	Perceived Risk of Drug Use	Antisocial Peers	Friends' Drug Use	Sensation Seeking	Rewards for ASB	Gang Involve- ment
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Virginia	40.8	25.1	30.0	27.9	28.9	25.5	29.2	31.8	27.0	31.3	32.7	15.2
Urban	41.2	23.9	30.8	27.9	29.6	24.9	27.9	32.0	26.5	31.0	32.0	15.4
Rural	39.3	30.2	27.1	27.9	26.1	27.7	34.5	31.2	29.5	32.8	35.7	14.3
Health Planning Region												
Region I	43.2	27.1	26.5	29.6	32.1	31.4	34.9	34.4	30.4	35.3	39.0	16.6
Region II	43.0	23.3	34.0	29.2	30.5	23.9	26.4	33.5	26.5	31.6	30.0	15.6
Region III	36.9	27.7	19.9	29.6	24.7	26.9	31.3	23.2	29.1	33.9	40.2	11.4
Region IV	41.5	35.3	47.3	24.6	27.5	33.0	39.9	48.4	30.8	29.4	38.2	21.4
Community Services Board												
Valley	42.1	32.1	23.0	24.7	29.1	28.1	36.0	33.2	33.9	31.8	34.3	14.2
Rappahannock Area	37.5	21.7	23.9	26.9	28.5	28.0	29.6	29.9	25.0	31.3	35.0	15.0
Arlington	36.9	24.1	25.4	23.3	29.6	23.0	29.5	28.1	22.5	25.5	27.6	18.3
Prince William County	44.9	23.1	36.6	30.9	30.7	24.1	25.5	35.1	27.6	33.4	30.7	14.7
Blue Ridge	38.7	28.4	18.9	30.9	27.0	30.0	31.6	23.7	32.8	34.2	42.8	10.9
Planning District 1	32.8	26.0	22.1	26.8	19.7	20.2	30.6	22.0	21.2	33.2	34.5	12.5
Crossroads	42.6	35.4	55.7	27.8	34.6	32.8	37.3	54.3	30.9	33.0	33.7	25.8
District 19	40.9	35.2	42.4	22.7	23.3	33.1	41.4	44.9	30.7	27.2	40.9	18.7
Middle Peninsula- Northern Neck	37.8	27.4	23.9	24.4	25.6	22.0	29.0	22.2	20.7	29.3	28.2	8.8

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

**Percent of Youth with Elevated Risk Factor Scores
Family Domain**

	Poor family management	High family conflict	Family history of antisocial behavior	Parental attitudes favorable to drug use	Parental attitudes favorable to antisocial behavior
	(%)	(%)	(%)	(%)	(%)
Virginia	29.6	50.3	28.8	28.3	47.5
Urban	30.4	51.3	27.4	27.5	47.9
Rural	26.5	46.2	34.6	31.6	45.9
Health Planning Region					
Region I	27.2	54.9	29.1	32.1	53.3
Region II	31.3	52.4	27.6	27.7	49.0
Region III	27.9	46.9	31.2	29.6	43.7
Region IV	35.7	52.2	44.9	35.0	45.5
Community Services Board					
Valley	22.7	44.7	32.4	31.3	47.5
Rappahannock Area	24.7	50.3	23.9	27.8	47.5
Arlington	31.9	45.8	23.3	22.9	46.6
Prince William County	31.1	54.4	28.9	29.1	49.7
Blue Ridge	31.5	50.2	30.9	31.3	44.5
Planning District 1	20.2	40.0	31.7	26.0	42.1
Crossroads	30.2	52.8	46.7	37.5	46.4
District 19	39.0	51.7	43.9	33.5	45.0
Middle Peninsula-Northern Neck	26.5	47.9	32.9	29.7	44.3

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

**Percent of Youth with Elevated Risk Factor Scores
School Domain**

	School academic failure	Low school commitment
	(%)	(%)
Virginia	30.6	37.2
Urban	30.1	37.7
Rural	32.6	35.1
Health Planning Region		
Region I	32.1	39.3
Region II	29.9	38.9
Region III	32.2	36.5
Region IV	39.9	40.4
Community Services Board		
Valley	28.9	33.0
Rappahannock Area	28.5	35.7
Arlington	32.0	30.2
Prince William County	29.2	41.6
Blue Ridge	34.3	38.8
Planning District 1	27.8	31.5
Crossroads	40.3	45.6
District 19	39.8	37.4
Middle Peninsula-Northern Neck	29.0	34.6

Note: Virginia, urban, rural, and health planning region percents are weighted by population.

Percent of Youth with Elevated Risk Factor Scores

Community Domain

	Low neighborhood attachment scale	High community disorganization scale	Transitions and mobility scale	Laws and norms favorable to drugs scale	Perceived availability of drugs scale	Perceived availability of handgun scale
	(%)	(%)	(%)	(%)	(%)	(%)
Virginia	36.9	38.8	46.8	39.5	28.9	32.0
Urban	37.5	39.6	50.1	37.5	28.1	28.6
Rural	34.5	35.3	33.2	47.7	32.1	45.9
Health Planning Region						
Region I	38.6	43.2	47.7	51.5	30.9	40.3
Region II	38.4	41.2	54.1	35.2	26.8	27.4
Region III	31.2	28.1	34.5	43.7	38.0	41.7
Region IV	43.9	48.0	41.6	57.1	36.4	43.9
Community Services Board						
Valley	33.6	33.0	34.8	46.2	33.6	45.8
Rappahannock Area	34.7	40.3	45.0	45.8	25.7	32.9
Arlington	39.1	36.8	37.6	30.4	20.8	18.2
Prince William County	38.1	42.6	59.0	36.7	28.6	30.1
Blue Ridge Community Services	31.7	25.1	36.6	44.6	41.7	39.6
Planning District 1	30.1	34.8	29.8	41.7	30.0	46.3
Crossroads Services Board	40.1	41.3	37.9	55.9	36.2	46.8
District 19	46.1	51.9	43.7	57.8	36.5	42.2
Middle Peninsula-Northern Neck	41.2	31.3	26.0	40.0	25.1	37.2

Note: Virginia, urban, rural, and health planning region percents are weighted by population